



Applicants that have medical coverage should enclose a copy of a current medical insurance card or provide the name of your carrier, policy number, and expiration date.

Students choosing not to carry medical coverage must sign and return the medical waiver below.

Medical Coverage Waiver

I do not have medical insurance coverage. I, _____ (student's printed name) and/or _____ (Parent or Legal Guardian, if student is under the age of 18 years) will assume complete financial responsibility for any medical emergency and/or physician's services. Panola College offers no health facility on the campus. If an accident or emergency occurs on campus, first aid will be administered and additional assistance, if needed, will be requested from the local hospital's emergency services. **The cost of any professional service is the responsibility of the student.**

Student's Signature

Date

Parent/Guardian's Signature

Date

Relationship to Student

Please submit to:

Residence Life Office
Panola College
1109 W. Panola
Carthage, TX 75633
Phone: (903) 693-1176
Fax: (903) 693-1177
reslife@panola.edu