

# Minnesota MILE Health Insurance Form

FOR ALUMNI

(please type or print legibly)

1. Name of Participant \_\_\_\_\_

2. Health insurance plan name \* \_\_\_\_\_

3. Health insurance plan number \_\_\_\_\_

4.  Check here if participant is not covered by a health insurance plan

5. Name of Parent or legal guardian \_\_\_\_\_  
last first

6. Emergency contact telephone number \_\_\_\_\_  
(area code)

**Signature of parent or legal guardian** \_\_\_\_\_

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\* This information will be given to a medical facility or doctor in the event of illness or injury during the leadership seminar