



Student Health Service ▪ Division of Student Affairs  
 1 Hawk Drive ▪ New Paltz, NY 12561-2443 ▪ 845-257-3400 ▪ Fax 845-257-3415  
 healthservice@newpaltz.edu

## Demographics:

**Student Name:** \_\_\_\_\_

Student ID #: 

N	0								
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Date of Birth: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Permanent Address:** \_\_\_\_\_

Street

City

State

Zip Code

**Parent or Guardian:** \_\_\_\_\_

Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Primary Health Provider:** \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Emergency Contact if Other Than Parent or Guardian:

Person: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### Insurance Information:

Primary Insurance Company Name: \_\_\_\_\_

Member ID #: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_

Student Relationship to Insured:  Dependent  Self  Spouse