UNIVERSITY OF WEST GEORGIA
TANNER HEALTH SYSTEM SCHOOL OF NURSING
HEALTH INSURANCE WAIVER

Student name: ______________________________________________________________
(Print name)

Health Insurance –

A. Students are required to have medical insurance coverage throughout the entirety of
    the nursing program and must upload a front and back copy of a current health
    insurance card to Verified Credentials, which should remain active and the student
    must keep a current active card uploaded to VC throughout the program; AND
B. Student must sign this health insurance waiver in the event that a lapse occurs with
    insurance coverage.

Should an injury or illness occur to a nursing student during a scheduled clinical or class
activity, the student is responsible for all expenses incurred for medical care or treatment
of the injury or illness. All students who have paid their student activity fees are eligible to
be seen and treated in the University Health Center. If an injury should occur in a clinical
facility during a clinical activity, the student can be seen in the nearest emergency room.
The student is responsible for any expenses incurred for treatment received in a clinical
facility.

Your signature on this document indicates that you understand the above statement.

Signatures:

Student: 
Date: ______________________

Witness: 
Date: ______________________