UniversityParent

universityparent.com

Parent Emergency Preparedness Card

PART 1 OF 3

Print two copies. Keep one in your wallet. Store one in your college documents folder.

Front of Card

STUDENT INFORMATION

Full name _____

Date of birth _____

Student ID _____

Blood type _____

HEALTH INSURANCE

Insurance company _____

Member ID _____

Group number _____

Insurance phone _____

CAMPUS CONTACTS

Campus health center _____

Health center phone _____

Health center address _____

Campus police (non-emergency) _____

RA name and number _____

Dean of Students office _____

Campus alert URL _____

Nearest ER (address + cross street) _____

Back of Card

BACK HOME

Primary care doctor _____

Doctor phone _____

LEGAL DOCUMENTS STATUS

HIPAA Authorization

☐ Signed ☐ Not yet Date: _____

Healthcare Power of Attorney

☐ Signed ☐ Not yet ☐ Notarized

FERPA Waiver

☐ Signed ☐ Not yet Date signed: _____

ALLERGIES AND MEDICATIONS

Student fills this in.

Known allergies _____

Current medications _____

4-STEP EMERGENCY PROTOCOL

1. **Call your student directly.**
2. **No answer:** call the RA at the number on the front of this card.
3. **No answer after 30 minutes:** call campus police non-emergency to request a welfare check.
4. **Immediate danger:** call 911 in that city. Give the dorm name, room number, and your student's name.

Wallet-Size Version -- Cut and Laminate

Cut along dotted lines. Print front first, flip and print back to create a two-sided card.

CARD FRONT (PRINT SIDE 1)

FRONT OF CARD

Name: _____

DOB: _____ Blood: _____

Student ID: _____

Insurance: _____

Member ID: _____

Group: _____

Campus Health: _____

Campus Police: _____

RA: _____

Dean of Students: _____

Nearest ER: _____

FRONT OF CARD

Name: _____

DOB: _____ Blood: _____

Student ID: _____

Insurance: _____

Member ID: _____

Group: _____

Campus Health: _____

Campus Police: _____

RA: _____

Dean of Students: _____

Nearest ER: _____

CUT HERE

CARD BACK (PRINT SIDE 2, FLIP CARD OVER)

BACK OF CARD

PCP: _____

- ☐ HIPAA: Signed
- ☐ Healthcare POA: Signed
- ☐ FERPA Waiver: Signed

Allergies: _____

Meds: _____

EMERGENCY PROTOCOL

(1) Call student. (2) No answer: call RA (front). (3) 30 min no answer: campus police welfare check. (4) Danger: call 911, give dorm, room, name.

BACK OF CARD

PCP: _____

- ☐ HIPAA: Signed
- ☐ Healthcare POA: Signed
- ☐ FERPA Waiver: Signed

Allergies: _____

Meds: _____

EMERGENCY PROTOCOL

(1) Call student. (2) No answer: call RA (front). (3) 30 min no answer: campus police welfare check. (4) Danger: call 911, give dorm, room, name.

Health Insurance Comparison Worksheet

Complete this before the enrollment deadline, typically August. Bring your insurance card and the university's plan brochure.

COMPARISON POINT	YOUR PARENT PLAN	CAMPUS STUDENT PLAN
Annual cost to add student (or annual premium)	$	$
Deductible	$	$
Primary care visit copay	$	$
Mental health / therapy visit copay	$	$
Prescription coverage	Yes / No	Yes / No
Campus health center: in-network?	Yes / No / Unknown	*Almost always yes*
Out-of-state telehealth covered?	Yes / No	*Check plan*
Emergency coverage anywhere in the U.S.	Yes / No	*Yes / Limited*
Coverage during winter/spring breaks at home	*Yes*	*Yes / Sometimes limited*
Dental included	*No (usually)*	*No (usually)*
Vision included	*No (usually)*	*No (usually)*
4 questions to call and ask your insurer		

The Campus Plan Makes Financial Sense If:

- [ ] The campus health center is out-of-network on your parent plan
- [ ] Your family deductible is above $2,000 and your student will need care

The Parent Plan Is Probably Fine If:

- [ ] The campus health center is confirmed in-network
- [ ] Your plan has a low deductible and reasonable copays

- [ ] Your student expects to use mental health services and the campus plan's mental health coverage is better
- [ ] Your parent plan requires in-state referrals for out-of-state care
- [ ] Adding the campus plan would cost more than $1,500/year for limited additional benefit

Before calling your insurer, have your plan ID card, the campus health center's name and NPI number (available from the health center's billing office), and the city where the university is located. Ask specifically: "Is [health center name] in my plan's network?" A general yes about "providers in [state]" is not the same answer.

Notes / Questions to Ask: