

**MEDICAL ASSISTING DEPARTMENT**  
**HEALTH INSURANCE FORM**

It is recommended that all students in the Medical Assisting Program have health insurance. You MUST provide proof of health insurance prior to any clinical or learning lab experience. If you do not provide proof of insurance, you will be required to sign a waiver that will remain in the Medical Assisting Department files.

Name of Insurance Company \_\_\_\_\_

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

.....  
**WAIVER:**

I, \_\_\_\_\_, have been informed and understand the importance  
Name of Student

of obtaining health insurance. I am unable to show proof of health insurance and refuse to obtain any health insurance. I understand that it is my responsibility to pay for all medical expenses that result from illness or injury that may occur while I am a student in the Medical Assisting Program.

I release Wallace Community College, Dothan, Alabama and/or its agents, and any and all affiliate clinical facilities and/or their agents from any liability related to injuries or illness received while a student in the Medical Assisting Program.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date