

**HEALTH INSURANCE INFORMATION**

Name of Carrier \_\_\_\_\_

Certificate or Policy Number \_\_\_\_\_

Group Number \_\_\_\_\_

Primary Care Physician \_\_\_\_\_

Telephone \_\_\_\_\_

*Please check with your insurance provider to be sure that your son or daughter is covered while participating in this out of country trip. Affix a copy of the policy below. If you do not have health insurance, or if your current policy does not cover your child while abroad, you will be required to purchase such insurance.*

**STUDENT HEALTH INFORMATION FORM**

Student's Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Street

Town

State

Zip

Family Doctor \_\_\_\_\_

Telephone \_\_\_\_\_

Does your child have *any* allergies? \_\_\_\_\_ If yes, please list specifics.

Does your child have any limitations in activity? \_\_\_\_\_ If yes, please list specifics.

Is your child a sleep walker? \_\_\_\_\_ Sleep talker? \_\_\_\_\_

Please provide date of last tetanus booster \_\_\_\_\_

\_\_\_\_\_  
Parent's or Guardian's Signature

\_\_\_\_\_  
Date

RSU #2

Please list *any* prescribed medications or over the counter medications being sent with the student. Please be aware if your child needs to take items such Advil or Tylenol, he or she should be provided with those items and they should be listed below:

<u>Medications</u>	<u>Time Administer</u>	<u>Reason</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are there any other health concerns we should be aware of? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Parent's or Guardian's Signature

\_\_\_\_\_  
Date

First Reading: 1/6/10  
 Approved: 2/3/10  
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