

COLORADO SPRINGS SCHOOL DISTRICT 11 HEALTH INSURANCE AND MEDICAL INFORMATION FORM

Student's Name _____

School **CIVA Charter School**

Destination **YMCA of the Rockies, Colorado**

Departure Date **Sep 12, 2023** Return Date **Sep 14, 2023**

Name of Health Insurance Company _____

Policy # _____ Name of Insured (Subscriber) _____

Insurance company's policy for obtaining treatment outside of the area or state.

Does the insurance company require a certain form to be filled out in case of an emergency?
Yes _____ No _____ If yes, please provide the school with a copy of the form prior to departure.

Please attach a copy (front & back) of the subscriber identification card on the above policy to this form.

Custodial Parent/Legal Guardian Signature Date

MEDICAL INFORMATION

Name of Doctor _____ Phone (Day) _____

Address _____ Emergency Phone _____

List all medications the student will bring or be required to take while on the above trip and specific written instructions from the physician and parent/guardian signature, for administration of **any** medication. **ANY MEDICATION MUST REMAIN IN ITS ORIGINAL CONTAINER.**

List any allergies, medical conditions, food restrictions or other conditions regarding the student's health which the staff might need to know about.

Please understand that District 11 personnel cannot, by law, administer or provide any medications to your child without your permission and a physician's direction. Any and all authorized medication must be provided by you. If you authorize such thing in case of emergency complaints, **please initial one of the below:**

___ (parent/guardian initials) I request that my child may receive over-the-counter-medication/s during the trip for non-emergency complaints. I understand that CIVA Staff is not responsible for any reaction that may occur as a result of my child's taking this OTC medication. The following may be given to my child: Tylenol, Ibuprofen, Benadryl, Dramamine, Tums.

___ (parent/guardian initials) I do not give permission for my student to be given any over-the-counter-medication/s at all.