

**COLORADO SPRINGS SCHOOL DISTRICT 11 HEALTH INSURANCE AND MEDICAL INFORMATION FORM**

Student's Name \_\_\_\_\_ School **CIVA Charter School**

Destination **Crooked Creek Ranch, Fraser, Colorado**

Departure Date **May 8, 2012** Arrival Date **May 8, 2012** Return Date **May 10, 2012**

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 or other conditions regarding the student's health which the staff might need to know about. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Initial after reading. ***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. District personnel will not provide medication of any kind. This includes non-prescription drugs such as Tylenol, cough syrup, antihistamines, antiseptics, etc. Please plan accordingly.***