

COLORADO SPRINGS SCHOOL DISTRICT 11 HEALTH INSURANCE AND MEDICAL INFORMATION FORM

Student's Name _____ School **CIVA Charter School**

Destination **Crooked Creek, Fraser, Colorado**

Departure Date **Sep 14, 2019** Arrival Date **Sep 14, 2019** Return Date **Sep 16, 2019**

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.

_____ 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.***