

Colorado Springs
School District 11



COLORADO SPRINGS SCHOOL DISTRICT 11 HEALTH INSURANCE AND MEDICAL INFORMATION FORM

Student's Name _____ School _____

Destination Breckenridge Ski Resort

Departure Date 2/1/2023 Arrival Date 2/1/2023 Return Date 2/1/2023

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, 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. _____

Please understand that Colorado Springs School District 11 (the District) 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.