

Spring Break Health Info
(you MUST provide your insurance policy # if you have insurance)

Name _____ Date _____

Parent's/Guardian's Name _____ Home Phone _____

Permanent Address _____

MEDICAL INFORMATION (please print clearly):

Date of Birth _____ Gender _____ Age _____

Family Physician _____ Phone _____

Known Allergies (Drugs or Other)

Medication(s) Currently Taking

Any Medical Conditions We Should Know About

HEALTH INSURANCE INFO: (please bring your card on the trip if you have one!)

Health Insurance _____ **Policy #** _____

Subscriber's Name _____ Place of Employment _____

Subscriber's Date of Birth _____

Food allergies/concerns/special needs:

Name _____ (Please print)