

Health Insurance Information

Please print all information

Name of Insurance Company: _____

Name of Insured: _____

Group Number: _____ Identification Number: _____

Please note any health problems that you child may have:

Allergies (if any): _____

Is your son/daughter on any medication(s) at present? (Circle one): Yes/No

If yes, please list the medication(s) and dosage:

If yes, will your son/daughter need to take this medication while attending Project Graduation? (Circle one): Yes/No

If yes, can your son/daughter be responsible for self-medication? (Circle one): Yes/No

(If no, arrangements will be made prior to Project Graduation for the administration of the medication to the student).

All medication must be labeled with the student's name and dosage

Please provide an Emergency Contact:

Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Committee Use Only:

Paid on Date _____ Cash _____ Check # _____ Health Form C/I