

Alternative Spring Break Health Form

This information will remain confidential.

Only the student coordinator and/or the staff person on the trip will have access to this document.

Name _____ Age _____ Date of Birth: _____
Last First mm/dd/yy

Insurance Information: _____
Carrier ID#

Please bring a copy or stop by CCESL (Trinity 203) to make a copy of your insurance card for our records.

Emergency Contact 1:

Name: _____ Relationship _____
First Last

Phone 1: _____
Circle one: home cell work

Phone 2: _____
Circle one: home cell work

Emergency Contact 2:

Name: _____ Relationship _____
First Last

Phone 1: _____
Circle one: home cell work

Phone 2: _____
Circle one: home cell work

List any known allergies:

Do you have any medical conditions that we should know about? If so, what?

Do you have any dietary restrictions? (i.e. are you a vegetarian or do you have any food allergies?)

Do you wear contact lenses? _____

Is there anything else you think we should know in case of an emergency? If so, what?

For Office Use:

Date Received: _____ Insurance Card: _____ Spreadsheet updated: _____