

Health and Insurance Information Form
(To be completed by Parent/Guardian)

Student's Name: _____

Health Information

Does the student have any food/medication/other allergies? If so, please list.

In Case of Emergency

First contact name: _____

Day phone (_____) _____ Night phone (_____) _____

Second contact name: _____

Day phone (_____) _____ Night phone (_____) _____

Health Insurance Information☐ My student has health insurance. *(Please include a photocopy of the insurance card – front and back.)*

Name of insurance carrier:

Policy or group number:

Name of policy owner (insured):

I assume full responsibility for payment of medical expenses that are not covered by my insurance and are incurred as a result of my child's participation in an RIT/NTID California Program.

Parent/Guardian signature _____ Date _____

☐ My student does not have health insurance.