Steps to Success Program
Health Insurance Information

Student’s Name ________________________________

☐ My student has health insurance

Name of insurance carrier _____________________________________________________________

Policy or group number _________________________________________________________________

Name of policy owner (Insured) ___________________________________________________________

In addition
I assume full responsibility for payment of medical expenses that are not covered by my insurance and are incurred as a result of my student’s participation in the Steps to Success program.

Parent/Guardian’s Signature __________________________ Date _____________________________

☐ My student does not have health insurance

I assume full responsibility for payment of medical expenses incurred as a result of my student’s participation in the Steps to Success program.

Parent/Guardian’s Signature __________________________ Date _____________________________

In case of emergency

First contact name ________________________________________________________________

Day phone: (______) ___________________ Night phone: (______) ______________________________

Second contact name ______________________________________________________________

Day phone: (______) ___________________ Night phone: (______) ______________________________

Permission Slip and Consent for Medical Treatment (Parent/Guardian)

This health history is correct as far as I know. I give permission for the above named student to participate in all prescribed program activities except as noted on the medical information form.

I also give permission for _______________________________(print student’s name) to be given first aid in case of emergency while he/she is in attendance at the Steps to Success program. This includes permission for the child to be taken to the emergency department of a local hospital if the injury is serious enough to require medical attention. I hereby waive and release all responsibilities and anyone involved in the Steps to Success program of any liabilities or claims in association with anything that might occur while my child is attending the program. I verify all information I have provided to be true and correct.

Parent/Guardian’s Name (Please print) ________________________________________________

Parent/Guardian’s Signature __________________________________ Date ____________________