

Health Insurance and Health Information Form

Child's Name _____

Health Insurance Provider _____

Name of Policy Holder _____

ID# _____

Doctor's Name and Practice _____

In the space below, please list and describe any allergies, dietary restrictions, physical limitations, learning disabilities, or other special needs. This information is shared only on a necessary basis with your child/youth's teachers, advisors, or caregivers. Please be as detailed as possible. If you have questions or concerns about your child or youth's involvement in our programming, please contact the DRE to discuss options for inclusivity. If your child has no special needs or health concerns, please write NONE.