

Canadian Summer School in Germany

CONFIRMATION OF TRAVEL HEALTH INSURANCE FORM

Name: _____

Emergency Contacts x 2 (Please provide name, relationship, full address, home/work/mobile phone)	1) 2)
Medical conditions	
Food allergies	
Name of Travel Health Insurance (e.g., Travel Cuts, Blue Cross, etc.)	
Personal Policy Number (To be used in emergency)	
Contact Number of Insurance Provider	
Is this coverage in your name or are you covered by a parent/guardian/spouse/other insurance policy? (Specify)	