## Medical Insurance

You should include proof of any relevant insurance (for ex. copies of insurance cards). This could include medical, dental, and vision insurance in case the student needs to receive medical care while on the University of Oklahoma campus.

The proof needs to be sufficient to show the hospital or doctor's office how to bill the insurer for medical services provided. Not having these documents in our files could result in a delay of medical care.

Information to Include

Please include a list of medications they are taking and any relevant instructions. If you need us to keep the medication in the office let us know. If the medicine needs refrigeration or some other accommodations please note that here in instructions.

| Medication | Instructions/Notes |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Please list any allergies and medications/accommodations necessary.

| Allergy | Instructions and/or Accommodations |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

## Transportation and Release

Please list the name, relationship to the student, and contact information for anyone you would like to be able to drop off, pick up, or visit the student while they are on the OU campus.

| Name | Relationship | Contact Info |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |