



## International Health Insurance Form

In the case of a medical emergency, I understand that my and/or my child's health insurance may not cover international travel. I understand that it is my responsibility to purchase a short-term international plan for myself or my child covering the dates of travel.

I confirm that I am fiscally responsible for all medical expenses incurred.

**Please mark the appropriate line below:**

\_\_\_\_\_ I have confirmed with my insurance company that I and/or my child is covered internationally and I choose not to purchase additional coverage on my own.

\_\_\_\_\_ I have purchased an international health plan for the dates of the Be2Live trip and have attached a copy of the plan to the back of this document.

\_\_\_\_\_ I am making a conscious decision to choose to not purchase an international health plan. In so doing, I realize I am fully responsible for any expenses incurred in receiving care for myself and/or my child.

Parent / Guardian Name: \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

Name of Participant: \_\_\_\_\_

Signature of Participant (if over 18): \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_