Homestay Medical Information Disclosure Form

Student Information

Full Name
Date of Birth
Gender
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Contact Number
Emergency Contact
Name
Relationship
Phone Number
Medical Information
Describe any existing medical conditions
List any allergies
Current medications (include dosage)
Dietary restrictions or special needs

Insurance Information		
Insurance Provider		
Policy Number		
Consent		

I hereby authorize the disclosure of my medical information to my homestay family and relevant authorities as

required.