

**CHECKLIST FOR FOREIGN TRAVEL**

NAME \_\_\_\_\_ YEAR IN SCHOOL \_\_\_\_\_ COMPLETED

DESTINATION \_\_\_\_\_

- 1) ORIENTATION SESSION \_\_\_\_\_
- 2) STUDENT WAIVER SIGNED \_\_\_\_\_
- 3) HEALTH COVERAGE REVIEW \_\_\_\_\_
- 4) IMMUNIZATIONS REVIEW \_\_\_\_\_
- 5) EMERGENCY TRAVEL PLAN/INSURANCE \_\_\_\_\_
- 6) SUPERVISOR INFORMATION \_\_\_\_\_
- 7) MALPRACTICE INSURANCE \_\_\_\_\_