



*DRAKE UNIVERSITY  
COLLEGE OF PHARMACY & HEALTH SCIENCES  
EXPERIENTIAL PHARMACY EDUCATION PROGRAM*

**Statement of Health Insurance Coverage**

I understand it is highly recommended that I maintain health insurance coverage during the experiential education year. If I choose not to maintain my own health insurance coverage, neither Drake University nor the Institutions affiliated with the experiential education program are financially responsible for my health needs.

In the event of an emergency or other health care or medication needs, the care provided for students will be the same as provided for employees. The site will make emergency first aid and transportation arrangements to a medical facility. However, the cost of transportation and medical care will be my financial responsibility.

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Print Name

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Signature

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Date