If you are traveling abroad and need to fill multiple months of a prescription prior to your departure, you must submit this Prescription Override Form to Gallagher Student Health & Special Risk. Please allow at least 2 business days for processing. Contact Gallagher Student Health at 877-320-4347 with any questions. This form must be completed in full prior to GSH review.

**Personal Information:**

Student Name: _______________________________  Student ID: _______________________________

School Name: _______________________________________________

Student Phone Number: _______________________________________

Student Email: _______________________________________________

**Travel Information:**

Departure Date: ________________  Return Date: ________________

Requested Number of Months of Prescriptions: _______________________________

Note: If the number of months requested extends beyond the plan’s termination date, Gallagher Student Health will need to confirm and update student’s eligibility prior to processing override. If not, students will need to pay for prescriptions and seek reimbursement.

Requested Prescription #1: _______________________________________

Requested Prescription #2: _______________________________________

Requested Pickup Date: ______________________

Name of Pharmacy: _____________________________________________

Pharmacy Phone Number: _______________________________________

Once complete, email this form to Gallagher Student Health: PrescriptionAssistance@gallagherstudent.com