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