

Disneyland Trip 2022

Medical Emergency Form

(Student Name) _____

Please complete the following information to facilitate proper care of your child in the event of an emergency during the trip.

Student: _____

Student ID#: _____ Birth Date: _____

Parent/Guardian: _____

Phone #: _____ Phone #2: _____

Email: _____

Address: _____

Person to be contacted if the parent/guardian is not available:

Emergency Contact #1: _____ Phone: _____

Relationship: _____

Emergency Contact #2: _____ Phone: _____

Relationship: _____

Medical Emergency Information:

Doctor's Name: _____ Doctor's Phone: _____

Medical Insurance: _____

Group #: _____ Insurance ID#: _____ Phone: _____

In the event you cannot be reached, do you give permission for the school to obtain the necessary medical aid, including ambulance service if needed, at your expense? (circle one) **Yes / No**

If NO, what do you want school authorities to do?

Allergies: (circle items) Medication / Food / Other / NONE

List of allergies to medication: _____

List of allergies to food/other items: _____

We have read and understand this form and we certify its contents.

Parent/Guardian Signature _____ **Date** _____

Student Signature _____ **Date** _____