GRAD NITE MEDICAL AUTHORIZATION & EMERGENCY INFORMATION

STUDENT'S NAME_			
Trip Destination: Disn Departure! Disn TRANSPORTATION: Cha	eyland Resorts, Anaheim Califo Time: 8:300 Return 618, artered buses.	Approx. Time: Dim	
PARENT/GUARDIAN T	O COMPLETE EMERGENCY IN	NFORMATION:	
Parent/Guardian		*\	
Home #	Work #	Cell #	
PLEASE CHECK THE A	PPROPRIATE STATEMENT RE	GARDING STUDENT'S HEALTH:	
My child has no kno	wn health problems.		
My child has the foll	bwing health problems:		
All Medications MU	ST be Listed Here including Birth co	control and is required to be checked in before the trip in the label be eave other pills behind). No loose pills in baggles will be allowed.	ottled
PLEASE CHECK #1 OF EMERGENCY: 1. In the event of ac PTSA to make such arrang transportation. Under suc my child as he/she conside to be performed by any lice UNDERSTANDS HE/SH	ny medication that the student may be ded for the trip: This is a Grad Nie R #2 BELOW TO INDICATE DES cident or emergency, when a parent/gements as he/she considers necessary h circumstances, I further authorize the research of the event said physicansed physician or surgeon. THE UE IS RESPONSIBLE TO PAY AL	y need or will be taking during the course of this trip.) ite and Disneyland Policy. All medicine MUST be checked in SIRED ACTION IN THE EVENT OF ACCIDENT OR /guardian is unavailable, I hereby authorize a representative of the y for my child to receive medical/hospital care, including necessary the physician named below to undertake such care and treatment of sician is not available at any time, I authorize such care and treatment JNDERSIGNED PARENT/GUARDIAN FULLY LL COSTS INCURRED AS A RESULT OF THE FOREGOING [Phone #	nt
		Medical #	
PARENT/GUARDIAN S	IGNATURE	DATE	

(Original Form to be carried by person transporting student.)