

**GRAD NITE MEDICAL AUTHORIZATION
& EMERGENCY INFORMATION**

STUDENT'S NAME _____

Trip Destination: Disneyland Resorts, Anaheim California

Departure Date **June 10, 2025** Time: 10:00 pm Return Date **June 12, 2025** Approx. Time: noon

TRANSPORTATION: Chartered buses.

PLEASE CHECK #1 OR #2 BELOW TO INDICATE DESIRED ACTION IN THE EVENT OF ACCIDENT OR EMERGENCY:

_____ 1. In the event of accident or emergency, when a parent/guardian is unavailable, I hereby authorize a representative of the PTSA to make such arrangements as he/she considers necessary for my child to receive medical/hospital care, including necessary transportation. Under such circumstances, I further authorize the physician named below to undertake such care and treatment of my child as he/she considers necessary. In the event said physician is not available at any time, I authorize such care and treatment to be performed by any licensed physician or surgeon. **THE UNDERSIGNED PARENT/GUARDIAN FULLY UNDERSTANDS HE/SHE IS RESPONSIBLE TO PAY ALL COSTS INCURRED AS A RESULT OF THE FOREGOING.**

Physician's Name _____ Phone # _____

Medical Insurance Name (Kaiser, etc.) _____ Medical # _____

_____ 2. I do not choose the above statement and desire the following action to be taken: _____

Parent/Guardian completing this form: _____ Cell # _____

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____

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

In the event you cannot be reached, **SECONDARY EMERGENCY CONTACT NAME:** _____

Relationship _____ Work # _____ Cell # _____

PLEASE INITIAL #1 OR #2 BELOW TO INDICATE IF YOU STUDENT WILL BE BRINGING PRESCRIPTION MEDICATION:

- **No over the counter medication is needed or allowed to be brought by students.** Chaperones will carry over the counter items and administer to your student as needed.
- **All prescription medicine MUST be listed on this form and in the original packaging with Students Name on the label. Only the necessary dosage for the duration of the trip will be allowed to be brought.** This is a Grad Nite and Disneyland Policy.
- **All medication must be inspected at check in and approved students will carry their own prescriptions for the trip.**

_____ 1. NO prescription medications for my student.

_____ 2. My student has the following prescription medications that will be needed during the Grad Nite trip. Include dosage instructions for each medication listed. **No loose pills in baggies will be allowed.**

MY STUDENT HAS THE FOLLOWING HEALTH CONDITIONS or write N/A if none: _____