

SRHS GRAD NITE 2019: MEDICATION & SPECIAL NEEDS FORM

Student's name: _____

DOB: _____ Student's cell phone # _____

Address: _____

Parent/Guardian Name(s): _____ Relationship: _____

Emergency phone Number(s) you can be reached during the event: _____

Medical Insurance: _____ Policy # _____

Name of Insured: _____

ADDITIONAL EMERGENCY CONTACT(S) AND PHONE NUMBERS: (We will attempt to call you first.)

Alternate Contact: _____ Relationship: _____

Phone Number(s): _____

Physician Name: _____ Phone #: _____

MEDICAL INFORMATION: Allergies, Medical Conditions, and/or Special Needs:

DURING CHECK-IN, CHAPERONES MUST CARRY ALL MEDICATIONS, per Disney's Grad Nite rules. We have been led to believe that this year students will be allowed to carry all medications after check-in at Disney California Adventure Park, but in past years, students were only allowed to carry inhalers and epinephrine auto-injectors inside the Disney parks (with chaperones carrying all other medications). We are planning for both possible scenarios. **All medications should be put into a ziplock bag labeled with student's name.**

List all medications—the name(s), the dosage(s), and when (time of day) the student needs to take the medication(s):

List any special accommodations needed (e.g. wheelchair accessibility) and/or anything emergency medical personnel should know:

CONSENT TO MEDICAL CARE AND TREATMENT:

In the event of a medical emergency, I authorize all medical, surgical, diagnostic, and hospital procedures deemed necessary to be performed or prescribed by a treating health care provider for the student listed at the top.

Print parent/guardian Name: _____ Date: _____

Parent/guardian Signature: _____