

MEDICAL INFORMATION FORM

TO BE FILLED OUT BY THE PARENT/GUARDIAN

(Please complete form using a blue or black pen. Please be kind: print clearly! Thanks.)

Location of Trip: Disneyland, California

Date of Trip: March 17 – 24, 2018

First Name: _____

Middle Name: _____

Last Name: _____

Medical Number: _____

Insurance Carrier: _____ **Policy Number:** _____

Birth Date: _____

Sex: _____

Age: _____

Parent or Guardian: _____

Home Phone: (____)(____-____)

Business Phone: (____)(____-____)

Cell Phone: (____)(____-____)

HEALTH HISTORY:

(please check-off if they apply or if they have had the disease)

CONDITIONS DISEASES ALLERGIES

Anorexia	___	Rheumatic Fever	___	Measles	___	Diabetes	___
Ear Infections	___	Measles	___	Insect Stings	___	Asthma	___
Chicken Pox	___	Ivy Poisoning	___	Epilepsy	___	ADD	___
Hay Fever	___	Dyslexia	___	Mumps	___	ADHD	___
Bulimia	___	Convulsions	___	Penicillin	___	Headaches	___

(please indicate)

Drugs or Medications: _____

Chronic or Recurring Illness: _____

Other Diseases or Conditions: _____

FOOD ALLERGIES: _____

PARENT'S OR GUARDIAN'S AUTHORIZATION:

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted by me and the examining physician. In the event of an emergency, after an effort has been made to contact the parents, guardian or those listed as the emergency contacts, I hereby give permission to the physician selected by Steve Swaddling or designated chaperone to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child.

PARENT'S OR GUARDIAN'S SIGNATURE: _____

WITNESSED BY: _____

DATE: _____