



Field Trip Emergency Information Page 2

Child's name \_\_\_\_\_

In the event of an emergency, I may be reached at: \_\_\_\_\_  
Location and phone #

If I am unavailable, \_\_\_\_\_, has my  
Name of designated guardian and relationship to child

permission to act on my behalf and may be reached at: \_\_\_\_\_  
Phone number

Please list any information that may be helpful to us on the retreat,  
ie: allergies, medications, fears or concerns

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ ID #: \_\_\_\_\_

Print Parent (guardian) name \_\_\_\_\_ Phone Number \_\_\_\_\_

Parent (guardian) signature \_\_\_\_\_ Date \_\_\_\_\_

Completed form (both pages) must be received by: February 15, 2019