

NORTHERN MUSIC DEPARTMENT DISNEY 2022 TRIP

On April 27, 2022 through May 1, 2022, the music department students from Northern High School will be traveling to Disney World and Universal Studios in Florida and will participate in various workshops and performances.

We are traveling by bus and by plane.

All school rules are in effect during this trip.

No participant will be able to attend without this paperwork completed.

Each participant is representing the school district and is expected to act accordingly.

PARTICIPANT INFORMATION

Participant's Last Name _____ Participant's First Name _____

Participant's Home Address _____

Participant's Gender: _____ Participant's Date of Birth _____ Participant's grade: _____ OR N/A

Will the participant be bringing a cell phone on the trip? YES NO

Participant's Cell Phone Number: _____

INSURANCE INFORMATION

Name and phone number of health insurance: _____

Name of health insurance Guarantor: _____

Name of Policy Holder: _____ Relationship to participant: _____

Policy Holder's Employer (if group insurance): _____

Group #: _____ Policy #: _____

ATTACH A COPY OF THE PARTICIPANT'S INSURANCE CARD (FRONT AND BACK)

CONTACT INFORMATION

Contact #1 (this will be the first person chaperones/directors attempts to contact):

Name of contact: _____

Relationship to the participant: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Contact #2 (this will be the second person chaperones/directors attempts to contact):

Name of contact: _____

Relationship to the participant: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

PARTICIPANT'S HEALTH INFORMATION

Has the participant been in good health in the past year: YES NO

If no, explain: _____

Is the participant currently under medical treatment or being treated by a physician? YES NO

If yes, give the nature of the treatment and the doctor's name and phone number:

List any ailments of which the school officials should be made aware of (allergies, diabetes, heart condition, etc.)

Family Physician Name and Phone Number: _____

Does the participant have any of the following conditions (please circle):

Pet Allergy	Insect Stings/Bites	Medication Allergy	Food Allergy
Seasonal Allergy	Headaches/Migraines	Asthma	

Please detail any of the conditions: _____

Date of participant's last tetanus shot: _____

Are your child's immunizations current? YES NO N/A

Has your child seen a dentist in the past year? YES NO N/A

Has the participant had any of the following in the past year? Circle any that apply:

Allergic Reaction	Asthma Attack	Hospitalization	Surgery
-------------------	---------------	-----------------	---------

Please explain: _____

MEDICATION INFORMATION

Will the participant need to take prescribed medication during the trip? YES NO

We will have a nurse on this trip. They will be responsible for holding and distributing all medications.

Please list all medications, whether self-administered or given by the physician:

Medication name:	Dosage:	Time Given:	Reason:	Dr. Name and Phone #:
------------------	---------	-------------	---------	-----------------------

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

All medications will need to be brought in the original container. Student's medications will be collected and distributed by the trip physician/nurse. Inhalers and Epi Pens will remain with the student.