

## Adult Traveler Trip Acknowledgement and Emergency Care Form.

Adult Name \_\_\_\_\_

Last

First

Middle Initial

Male \_\_\_\_\_ Female \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Primary e-mail address \_\_\_\_\_

Additional e-mail \_\_\_\_\_

### Emergency contact person

Name \_\_\_\_\_ Phone \_\_\_\_\_

Cell phone \_\_\_\_\_ e-mail \_\_\_\_\_

Health Insurance Plan \_\_\_\_\_ Policy Number \_\_\_\_\_

Health Insurance Phone \_\_\_\_\_ Primary care giver phone \_\_\_\_\_

Medications you are taking: \_\_\_\_\_

\_\_\_\_\_

Medicines you are allergic to: \_\_\_\_\_

\_\_\_\_\_

Reaction issues such as bee stings, motion sickness, diabetes, epilepsy, etc. \_\_\_\_\_

\_\_\_\_\_

I \_\_\_\_\_ understand that we will be traveling as a unified group throughout this trip and that the first priorities of the school staff will be student safety, the presentation of high quality performances and student cultural opportunities. It will simply be necessary for every traveler to function with these goals in mind in order for this trip to work smoothly. Traveling adults are first a part of the effort to extend a once in a lifetime opportunity to our students. I also understand that this is a Fairfax County sanctioned trip and I willing accept the need to serve as behavioral role model for our students.

Signed: \_\_\_\_\_

\_\_\_\_\_