

Chaperone Information Sheet

Name _____

Address _____

City, State, Zip Code _____

Cell Phone # to reached on DC trip _____

Emergency Contact Name/Relationship _____

Emergency Contact Number _____

List any medical exemptions (allergies, blood transfusions, etc.) for you.

List any significant health problems.

Name of Medication	Dosage

Family Health and Accident Insurance Carrier _____

Policy Number _____