2017 Performing Arts NYC Trip

Chaperone Emergency Medical Contacts

Name Date of Birth

Home Address

Home Phone Cell Phone

**Persons to be notified in case of emergency:**

1. Name Cell phone:

Address (if not your address):

Other phone:

2. Name Cell phone:

Address (if not your address):

Other phone:

3. Name Cell phone:

Address (if not your address):

Other phone:

**Optional: Would you like to share any medical information about yourself that you would want emergency medical services (EMS) or emergency room staff to be aware of?**

**Optional: Current Medications:**

**Optional: Drug or Food Allergies:**