

WESTMONT GRAD NIGHT 2010

EMERGENCY FORM

HEALTH INSURANCE INFORMATION

In case of emergency, I/We give permission to have _____ treated as necessary while on his/her Grad Night 2010 trip on the Hornblower Cruise from June 10 to June 11, 2010.

Insurance company information:

Insurance Company Name _____ Phone _____

Policy Number _____

Primary Doctor Name _____ Phone _____

Primary Dentist Name _____ Phone _____

EMERGENCY CONTACT INFORMATION - REQUIRED **(Must be available during the hours of this activity)**

Parent/Guardian Name _____

Insurance _____

Address _____

Home Phone _____ Cell/Work _____

Parent/Guardian Name _____

Insurance _____

Address _____

Home Phone _____ Cell/Work _____

Parent/Guardian Name (please print)

Parent/Guardian Signature & Date

Please attach a copy of your graduates' insurance card for reference.



(TURN OVER)



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SPECIAL NEEDS MEDICAL FORM

I, _____, (graduate and/or participant) have the following medical condition(s) that the Grad Night Chaperone Team should be aware of:

_____ I wear a medical ID/ALERT bracelet for _____

_____ I am allergic to _____

_____ I have asthma

_____ I carry an epi pen or inhaler

_____ I have a heart condition _____

_____ I have seizures/epilepsy and require _____

_____ I am diabetic and require _____

_____ I am disabled/handicapped and require _____

_____ Other _____

ADDITIONAL INFORMATION WE SHOULD BE AWARE OF

Please return to:
Westmont High School main office

Or Mail to:
Westmont High School (Attn: Grad Night)
4805 Westmont Ave.
Campbell, CA 95008
NO later than June 7, 2010