

Name: _____

Emergency Health Form: *MUST* be completed and turned in at Check-In

In Case of Emergency:

Person to contact: _____ Phone number: _____
Known allergies: _____
Medications you take _____
Special Conditions _____

I realize that I am responsible for the security of my own possessions, as well as for my own and, if applicable, my daughter's safety. Signed: _____

Dependent (under 18):

Name: _____
Known allergies: _____
Medications you take _____
Special Conditions _____

Name: _____
Known allergies: _____
Medications you take _____
Special Conditions _____

Name: _____
Known allergies: _____
Medications you take _____
Special Conditions _____

Name: _____
Known allergies: _____
Medications you take _____
Special Conditions _____

Name: _____
Known allergies: _____
Medications you take _____
Special Conditions _____

Dependent (under 18) unaccompanied by mother/legal guardian: (*MUST* be completed if applicable)

The adult Getaway attendee responsible for my safety is: _____
Responsible adult sign here: _____

I understand my child may need emergency medical attention and authorize emergency action being taken. Parent/Legal guardian signature: _____