

MEDICAL INFORMATION FORM

Student's name _____

Cell Phone Number for Cell Phone with Student at Disney _____

Home address

Home telephone number: _____ Parent Cell Phone _____
(Area code) + (Number)

Student's date of birth _____

Medical problems or allergies which might influence medical treatment (If none, please state "none known").

If student is under physician's care for ongoing medical treatment, please complete the following:

Medication(s)

Condition

Physician's name

Physician's telephone number (include area code)

INSURANCE INFORMATION:

Name of responsible party

Responsible party's employer

Insurance carrier

Group Number _____ Member Number _____