



YOUTH & EDUCATION GROUP EMERGENCY CONTACT INFORMATION

In the unlikely event of an emergency during your field trip to LEGOLAND® Florida Resort, it is important to have emergency contact information for each student. We ask that an adult chaperone (either a teacher or a parent) have this information accessible at all times. While you are not required to use this specific form, we have provided this form for your convenience. Please feel free to use the approved form for your organization if applicable. If additional space is required, please use the back of this form. Thank you for your cooperation!

STUDENT NAME

TEACHER NAME

PARENT / GUARDIAN NAME

PARENT / GUARDIAN NAME

ADDRESS

ADDRESS

CITY, STATE, ZIP

CITY, STATE, ZIP

ALTERNATIVE EMERGENCY CONTACTS

PRIMARY EMERGENCY CONTACT

SECONDARY EMERGENCY CONTACT

HOME / CELL PHONE

HOME / CELL PHONE

WORK PHONE

WORK PHONE

MEDICAL INFORMATION

PHYSICIAN NAME

PHYSICIAN PHONE NUMBER

INSURANCE COMPANY

POLICY NUMBER

HOSPITAL / CLINIC PREFERENCE

ALLERGIES / SPECIAL HEALTH CONSIDERATIONS