



COLD SPRING HARBOR HIGH SCHOOL  
82 TURKEY LANE COLD SPRING HARBOR NY 11724 631-367-6834  
WDC - 4H DJ Party - 4/27/2020

Participant Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Participant Cell Phone # \_\_\_\_\_

Address \_\_\_\_\_

Town \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone with area code \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ AND Policy Number \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

State any allergic reactions to medications or serious food/environmental issues: \_\_\_\_\_

State any medications being brought on the trip, including dosage and schedule: \_\_\_\_\_

State any pertinent medical history needed in the event of a medical emergency: \_\_\_\_\_

Other Emergency Contacts and Phone Numbers:

1) Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Relationship \_\_\_\_\_

2) Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Relationship \_\_\_\_\_

In the event emergency medical treatment is needed for my child, I \_\_\_\_\_  
(parent/guardian) of \_\_\_\_\_ (insert student name) hereby give permission to the  
physician selected by the directors or their authorized representatives, to hospitalize, secure treatment for, and to  
order injection, anesthesia, or surgery for my child as named above, at my sole cost and expense. I waive any and  
all recourse against COLD SPRING HARBOR HIGH SCHOOL and Fantastic Tours & Travel or it's authorized  
representatives; the whole in accordance with the general conditions stipulated in the application for enrollment. I  
also agree to the release of any records necessary for treatment, referral, billing or insurance purposes.

Parent's Signature \_\_\_\_\_ Parent's Name (print) \_\_\_\_\_

Tour member's signature required if 18 years or older \_\_\_\_\_