

Adults: *First Aid **CPR	Children:(circle as applies) ⊛ - Medical Alert ◆ - Medications
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GROUP ATTENDANCE ROSTER

Trip Site: _____ **Date:** _____ **Facility's Name:** _____

Trip Leader: _____ **Address:** _____

Adult Group Leader: _____ **Phone:** () _____

Vehicle Adult	Child's Name	Attendance	Home Phone #	Father's Name Work #	Mother's Name Work #	Physician's Name Office #	Medication (See permission)	Emergency Contact
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	⊛ ◆							
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REGULAR ATTENDANCE CHECKS BY NAME AND FACE SEE CHILD'S EMERGENCY CARD FOR ADDITIONAL INFORMATION