

<b>Adults:</b> *First Aid **CPR	<b>Children:(circle as applies)</b> ⊛ - 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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⊛ ◆		⊛ ◆						
		⊛ ◆						
		⊛ ◆						
		⊛ ◆						

**REGULAR ATTENDANCE CHECKS BY NAME AND FACE      SEE CHILD'S EMERGENCY CARD FOR ADDITIONAL INFORMATION**