

UPWARD BOUND
Emergency Medical Contact

Parent/Guardian: Please complete all sections

Student Name: _____

Student: SSN _____ Student Birthdate: _____

Custodial Parents Name (s) _____

Parent email: _____

Home Address: _____

Parent Home Phone: _____ **Parent** Cell: _____

Insurance Company Name _____ Group/Policy No. _____

In case of emergency, list two people to contact **OTHER THAN PARENT/GUARDIANS:**

Name _____ Relationship _____
Daytime No. _____ Evening No. _____

Name _____ Relationship _____
Daytime No. _____ Evening No. _____

Last tetanus immunization date _____

Name of family doctor _____ Telephone No. _____

I give permission for the Upward Bound staff to dispense over the counter medication should my child need it.
_____ **Yes** _____ **No**

(Please Sign and Date ONE of the below options)

*If necessary, **I DO** approve of officials taking my child to the nearest doctor or hospital and such medical treatment, including surgery, as deemed necessary by competent medical personnel, would be rendered.*

Parent/Guardian Signature

Date

*If necessary, **I DO NOT** approve of officials taking my child to the nearest doctor or hospital and such medical treatment, including surgery, as deemed necessary by competent medical personnel, would be rendered*

Parent/Guardian Signature

Date

****Note:** Please use the back of this form to provide any additional information concerning medical history, which you feel the UB staff should know.