

UPWARD BOUND
Emergency Medical Contact

Parent/Guardian: Please complete all sections

Student Name: _____

Student: SSN _____ Student Birthdate: _____

Custodial Parents Name (s) _____

Guardian email: _____

Home Address: _____

Guardian Home Phone: _____ **Guardian 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**

Choose ONE of the below options:

If necessary,

- IDO***
- IDO NOT***

approve of Upward Bound 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.