UPWARD BOUND PROGRAM

Use black ink only.
PLEASE PRINT.

EMERGENCY & MEDICAL INFORMATION

_____ ____/___/___ ____ _____
Student Name Birth date Age Gender

_____ _____ _____ ____
Student Address Zip Code Telephone # Grade

Name of Parent or Guardian:

_____ _____ _____
Father Address if different from student's home phone number

_____ _____
Name of Employer/Company Work phone number

_____ _____ _____
Mother Address if different from student's home phone number

_____ _____
Name of Employer/Company Work phone number

Name two neighbors, relatives or friends to whom student could be released to if the parent/guardian cannot be reached:

_____ _____ _____
(1)Name Relation to minor home phone number

_____ _____ _____
(2)Name Relation to minor home phone number

Any person to whom student may NOT be legally released to:

_____ _____
Name Relation to minor

PERMISSION FOR EMERGENCY TREATMENT:

I understand that the Upward Bound Program staff will try to contact the parent in case of illness or injury. In case of illness or injury, and when in the judgment of the staff, emergency medical attention is warranted, I authorize the staff to seek medical attention. If deemed necessary, I give permission for my child to be taken by the Paramedics or ambulance to a hospital, and for the doctor there to take whatever action is necessary to meet the emergency. I understand that I am responsible for any charges incurred.

_____ _____
Parent / Legal Guardian Signature **Date**