

MEDICAL HISTORY/MEDICAL RELEASE FORM
TO BE COMPLETED AND SIGNED BY PARENT/GUARDIAN
(For your child's safety and welfare, please complete all sections)

Student Name:		Date of Birth:
School:		Student SS#:
Parent/Guardian Name:		Home Phone:
Address:		Message Phone:
Cell Phone:		Email:
Physician:		Physician Phone:
<input type="checkbox"/> YES <input type="checkbox"/> NO	Is your child currently under a physician's care or using medication? Please explain:	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Are there any limits on your child's physical activities? Please explain:	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Does your child have allergies (medications, insects, food, etc.)? Please explain:	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Does your child have any medical problems we should be aware of, or has your child been seriously ill in the last 3 years? Please explain:	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Is your child covered by medical insurance?	
Company:		Policy Number:
MEDICAL RELEASE TO BE SIGNED BY PARENT/GUARDIAN <u>In case of emergency and we cannot contact you, whom should we call?</u>		
NAME:		RELATIONSHIP:
PHONE:		CELL PHONE:
<p>Should my child, _____, require medical attention and/or care while participating in the UC Clermont College Upward Bound program, I give my consent to medical examinations and necessary emergency treatment including drugs and x-rays, as may be deemed by the attending emergency room physician. Should an emergency arise requiring major surgical procedures and I cannot be contacted, the attending physician has my consent to act as emergency medical judgement may dictate. I understand that I, my heirs, executors, and administration forever release the staff of the Upward Bound program and the University of Cincinnati from all claims, damages, actions or cause of actions which may occur due to any decisions which they make in respect to the emergency medical care/treatment of my child. I also understand that any actions of the UC Clermont College Upward Bound staff will be guided by the best interest of my child.</p>		
Signature of Parent/Guardian		Date
This consent will be effective so long as my child is a participant in the UC Clermont College Upward Bound program.		