



TRiO Upward Bound - Student Medical Information Form

Please complete this form. Information you supply could be crucial in an emergency. The sole purpose of this information is to enable medical personnel and Upward Bound staff to evaluate and assist your child in the event of a medical emergency. This information will be held in strict confidence. If at any time you wish others to have all or part of these records, it must be with your written permission.

Emergency Contact Information

Student's Name: _____

Emergency Contact Name: _____

Relationship to Student: _____

Emergency Phone #: _____

Secondary Emergency Phone # (optional): _____

Physician: _____

Allergy Information

Please list any allergies your student may have

Food: _____

Medication: _____

Other: _____

Additional Medical Concerns

Have you had surgery or a serious injury in the past 6 months? Yes No

If yes, please explain: _____

Are you currently on any medications? Yes No

If yes, please list names and dosages: _____

Do you have any chronic illnesses? Yes No

If yes, please explain: _____

Authorization for Medical Treatment

I, _____, authorize Colorado Mesa University Upward Bound staff and qualified medical and emergency service staff to administer such treatment as is necessary for my child or myself (if over 18 years-old).

Parent/Guardian Signature or Student (if over 18 years-old)

Today's Date