

STUDENT INFORMATION

Name _____ Social Security No. ____-____-____
Last First Middle
Mailing Address _____ Telephone No. (____) ____-____
Street/PO Box City State Zip
Birthdate: ____/____/____ Gender: M F

EMERGENCY CONTACT INFORMATION

Primary Emergency Contact
Name: _____ Relationship to student: _____
Home phone: (____) ____-____ Mobile phone: (____) ____-____ Work phone: (____) ____-____

Secondary Emergency Contacts

Name: _____	Name: _____
Relationship: _____	Relationship: _____
Home Phone: (____) ____-____	Home Phone: (____) ____-____
Work Phone: (____) ____-____	Work Phone: (____) ____-____
Mobile Phone: (____) ____-____	Mobile Phone: (____) ____-____

STUDENT HEALTH INFORMATION

Allergy Information
Does the student have any allergies? NO YES (If yes, please provide applicable detail below.)
Medications _____ Insect venom _____
Foods _____ Pollen/dust/mold _____
Other _____

Does the student have any allergy for which they have access to an EpiPen? NO YES*
*If your child has been prescribed an EpiPen, he/she is required to have it with them while at UB functions.
Has the student ever suffered a life-threatening allergic reaction? NO YES (If yes, please explain below.)

Health Conditions, Hospitalizations, & Vaccines
Does the student have any current, recent, or past health problems, hospitalizations, surgeries, or injuries? NO YES
If yes, please provide detail: _____

Has the student received any vaccines (i.e., tetanus, meningitis, chickenpox, etc.) within the past 5 years? NO YES
If yes, please provide detail: Vaccine: _____ Date: _____
Vaccine: _____ Date: _____
Vaccine: _____ Date: _____

Medications
Does the student currently take any medications? NO YES (If yes, please provide detail below.)
Medication: _____ Dosage/Frequency: _____ Reason: _____
Medication: _____ Dosage/Frequency: _____ Reason: _____
Medication: _____ Dosage/Frequency: _____ Reason: _____

*Please keep the Upward Bound office updated of any significant changes in student medications.

Limitations and Special Needs
Does the student have any condition that imposes physical limitations or warrants specific needs? NO YES
If yes, please provide detail: _____

STUDENT HEALTHCARE INFORMATION

Insurance Information

Please check the appropriate box and provide all applicable information:

- Student has no medical benefits coverage.
- Student is covered under Medicaid benefits.

Medicaid ID #: _____

*****Please submit a copy of the front/back of the student's Medicaid card with this form.*****

- Student is covered under an employer-provided medical insurance plan.

Insurance company: Name: _____ Policy #: _____

Address: _____ Group #: _____

City/St./Zip: _____ Phone : (____) ____ - _____

Policy holder info: Name: _____ Employer: _____

*****Please submit a copy of the front/back of the student's insurance card with this form.*****

- Student is covered under an alternate type of medical benefits plan. (Please provide detail below).

*****Please submit a copy of the front/back of the student's medical benefits card with this form.*****

Provider Information

Primary physician name: _____

Name of facility: _____ Office phone: (____) ____ - _____

Additional physician name (if applicable): _____

Name of facility: _____ Office phone: (____) ____ - _____

Parent/Guardian Disclosures and Acknowledgment

First Aid and Over-the-Counter Medications

This is to inform parents/guardians of the availability of medical supplies to their student while participating in Upward Bound activities. Upward Bound keeps first aid supplies and generic classes of over-the-counter medicines (e.g., pain relievers, fever reducers, anti-nauseants, cough suppressants, etc.) in the main office, in summer residence halls, and on-hand when traveling with students. Unless otherwise instructed by their parent/guardian, Upward Bound staff members will administer such items on an as-needed basis to students upon their request. Parents/guardians are encouraged to discuss any concerns related to this policy with the Upward Bound staff. *NOTE:* Upward Bound does not have access to an EpiPen; if your child has allergies which require access to an EpiPen, please ensure they have one to bring with them.

UVa-Wise Health Services

During the Upward Bound summer program and other activities during which the UVA-Wise Health Services are available, the Upward Bound staff may elect to accompany a student in need of non-emergency care to the Health Services office where a licensed medical professional can be consulted and provide treatment.

Accidents & Emergencies at Upward Bound

In case of an accident or emergency situation in which a student needs immediate medical attention, the Upward Bound staff will immediately either contact emergency medical personnel for assistance, or transport the student to the nearest emergency room, depending on the situation. Upward Bound staff will then attempt to contact the student's primary emergency contact before trying to reach the secondary contacts as listed on this form and/or kept on record with the Upward Bound office. Parents/guardians are strongly urged to keep Upward Bound informed of all relevant student medical information updates.

Parent/Guardian Acknowledgment

"My signature below certifies that I have read and understand the policies disclosed on this document. I acknowledge that treatment may be provided to my child as needed while at Upward Bound activities. I will attempt to keep the Upward Bound office informed of any relevant changes to my child's medical information. I attest that all the information provided on this form is accurate to the best of my knowledge."

Parent/Guardian signature: _____ **Date:** _____