

STUDENT INFORMATION

Name _____ SSN (last 4 only): XXX-XX-_____
Last First Middle
Mailing Address _____ Telephone No. (____)____-_____
Address 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: _____ Relationship: _____
Home Phone: (____)____-____ Home Phone: (____)____-____
Work Phone: (____)____-____ Work Phone: (____)____-____
Mobile Phone: (____)____-____ Mobile Phone: (____)____-____

STUDENT HEALTH INFORMATION

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

Does your child have any allergies for which they may require 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 all UB events.
Has your child ever suffered a life-threatening allergic reaction? NO YES (If yes, please explain below.)

Health Conditions, Hospitalizations, & Vaccines

Does your child have any significant past or current health issues, hospitalizations, surgeries, or injuries? NO YES
If yes, please provide detail: _____
Has your child 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: _____
Does your child wear any of the following? (check all that apply)
Eyeglasses Contact lenses Orthopedic aids Hearing aids Orthodontic aids Other _____

Medications

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

Limitations and Special Needs

Does your child have any condition that imposes physical limitations or requires special accommodations? 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 your child'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 your child'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 your child'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 ACKNOWLEDGEMENT

Over-the-Counter Medications

The UVa-Wise Upward Bound program maintains a supply of over-the-counter medications (e.g., pain relievers, fever reducers, anti-nauseants, cough suppressants, etc.) and first aid materials in the main office, summer residence halls, and on-hand when traveling with students. Upward Bound staff members will administer such items on an as-needed basis to students upon their request, unless otherwise instructed by their parent/guardian. Parents/guardians are encouraged to discuss any concerns related to this policy with the Upward Bound staff. Upward Bound does not have access to an EpiPen.

UVa-Wise Student Health Services

During the Upward Bound summer program and other activities during which the UVa-Wise Student 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 requires medical attention, the Upward Bound staff will immediately contact emergency medical personnel for assistance or transport the student to the nearest emergency room. Upward Bound will attempt to contact individuals listed as the student's emergency contacts.

Parent/Guardian Medical Release & Acknowledgment

My signature below indicates that I have read and acknowledge the following statements:

- In the event of a medical emergency involving my child, I hereby give permission for the administration of first aid by the UVa-Wise Upward Bound Staff or other qualified official, for treatment by an authorized physician, or for hospitalization. I release the UVa-Wise Upward Bound Staff and UVa-Wise from all liability for sickness, injury or accidents occurring during my child's participation in UVa-Wise Upward Bound activities.
- I understand that I will be contacted in the event that my immediate attention is required.
- I will inform the Upward Bound office of any changes to my child's medical information.
- I have read and understand the policies described in this section.

Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian Print Name: _____