

Texas Tech University Upward Bound Programs

MEDICAL & MEDICATION CONSENT FORM

This form will serve as the ONLY waiver form for ALL Upward Bound (UB) Program activities throughout the summer beginning September 1, 2012 through May 31, 2013.

Your son/daughter is below the legal age of consent (18 yrs.). The law requires that we have your permission to obtain medical service should the need arise. Your signature on this consent form will authorize us to provide medication should the need occur. In the event of any major health problems, we will notify you as promptly as possible and follow your instructions.

Student Name: _____ Grade Level: _____

As parent or guardian, I authorize Upward Bound personnel to obtain needed emergency medical care:
Medical Insurance: _____ Policy #: _____
Medicaid/Medicare #: _____ Policy #: _____
Medical Doctor: _____ Phone: _____
Preferred Hospital: _____
List major medical conditions/allergies, if any:

Are there any limits on his/her physical activity: If so, what are they? _____

Please circle all over-the-counter medications we are allowed to provide for your student:
Tylenol Aspirin Cough Drops Eye Drops Allergy
Pepto-Bismol Anti-Diarrheal Antacid Advil Dramamine
Please list any medications your child is allergic to:

Student's Printed Name

Student's Signature

Date

Parent or Legal Guardian's Printed Name

Parent or Legal Guardian's Signature

Date