

PRECOLLEGE SUMMER INSTITUTE

YOUTH MEDICAL RELEASE FORM - SAMPLE

This Medical Release Form is authorized for UCLA Summer Sessions activities for the dates specified below and for any extended period agreed upon by The Participant and the UCLA Office of Summer Sessions:				
Name of Program	Dates of Attendance			
THE ADULT UCLA STAFF/FACULTY MEMBER ACCOMPANYING OR ASSISTING HIM/HER, 1	or from this UCLA Summer Sessions function, I HEREBY AUTHORIZE R, OR IN HIS/HER ABSENCE OR DISABILITY, ANY ADULT TO CONSENT TO MEDICAL EXAMINATION AND TREATMENT OR MINOR AND TO ARRANGE TRASPORTATION FOR THE SAID MINOR TO			
Participant/Minor Name				
Participant's Parent/Guardian Name	Date			
·	resent and warrant that the said minor is under my guardianship, and that I am legally competent to understand and complete this			
before taking any action authorized here child's medical or mental health provide obtaining additional information in orde and Faculty from any liability for any inju	nable efforts to contact me, or the emergency contact named below eunder. I give permission for UCLA Summer Sessions to contact my r for the purpose of confirming medical conditions/treatments or r to provide appropriate care. I hereby waive and release the Staff cary or illness incurred while in classes/program. I also understand that ram participant as a result of program activities, and knowingly and			
	ponsible for any medical attention needed during a program/class or by that I and/or my medical insurance shall be the insurance coverage			
provision of Family Code Section 6910 to	as provided treatment to the above-named minor pursuant to the surrender physical custody of such minor to the adult UCLA on of treatment. This authorization shall remain effective until my program.			
	nealth and can travel to and participate in all functions of the UCLA also understand that if my child is taking any medications, that he/she n medicine without supervision.			

☐ I understand it is my responsibility to keep the information on this form updated (including Health History and parent/guardian status) by contacting the Office of UCLA Summer Sessions.						
The information below has been p process and will only be used in th				ration		
Emergency Contact First Name		Emergency Contact Last Name				
Date	Relation to Par		ticipant			
Emergency Home Telephone	Emergency Work	Telephone	Emergency Mobile Telephone	 e		
Medical History History of operations or serious illn	ness:					
Mental Health History Diagnoses, hospitalizations and da	tes:					
Is The Participant currently taking any medications?						
Adverse Reactions and Allergies DO NOT give my child the following	g medications und	der any circumsta	inces:			
Allergies to medications, food, inse	ect bites, environn	nental factors, et	c.:			
Date Emergency Home Telephone Medical History History of operations or serious illustry Mental Health History Diagnoses, hospitalizations and da Is The Participant currently taking Adverse Reactions and Allergies DO NOT give my child the following	ness: tes: any medications?	Relation to Part Telephone	Emergency Mobile Telephone	2		

Medical Insurance and Medical/Mental Health Provider: