

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 **pre-filled** based on the information you provided during this registration process and will only be used in the event that your child needs emergency medical treatment.

Emergency Contact First Name

Emergency Contact Last Name

Date

Relation to Participant

Emergency Home Telephone

Emergency Work Telephone

Emergency Mobile Telephone

Medical History

History of operations or serious illness:

Mental Health History

Diagnoses, hospitalizations and dates:

Is The Participant currently taking any medications?

Adverse Reactions and Allergies

DO NOT give my child the following medications under any circumstances:

Allergies to medications, food, insect bites, environmental factors, etc.:

Medical Insurance and Medical/Mental Health Provider: