

East Central University Upward Bound
2007-2008 MEDICAL / LIABILITY RELEASE FORM

Student's Name: _____ School: _____
Last name First name Middle Initial

Social Security Number: _____ Date of Birth: _____

Home Telephone: _____ Mother Cell: _____ Father Cell: _____

Home Address: _____
Address City State Zip code

Name of Father/Stepfather/Legal Guardian: _____ Work Phone: _____

Name of Mother/Stepmother/Legal Guardian: _____ Work Phone: _____

Name of Emergency Contact (Other than parent or guardian): _____

Relationship: _____ Phone: _____

Address: _____
Address City State Zip Code

Is student covered by medical insurance? YES NO Insurance Policy # : _____

Name and address of Policy Holder: _____ SSN: _____

Insurance Carrier: _____ Insurance Carrier Phone Number: _____

Insurance Carrier Address: _____
Address City State Zip code

Name of Family Physician: _____ Office Phone: _____

Name of Family Dentist: _____ Office Phone: _____

List all medical allergies: _____

List all medical conditions: _____

List all medications the student is currently taking: _____

In the event of emergencies, the following over-the-counter medications may be given: _____

PARENTAL AUTHORIZATION AND RELEASE

I agree that this medical/liability release form will be valid for the above mentioned student to participate in Upward Bound activities and field trips within the dates of June 1, 2007 to May 31, 2008.

I hereby give permission in the event of an accident, injury, sickness or other emergency, to take the above mentioned person to a doctor or hospital and hereby authorize medical treatment, including but not limited to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any.

I understand that there is the possibility the above named person may incur physical injury as a consequence of his/her participation in Upward Bound activities. I release and hold harmless the East Central University Upward Bound program and it's partnership entities, East Central University, the Board of Regents of East Central University, it's officials, officers, agents, servants and employees from all liability, claims, demands, actions or causes of action resulting from injury or death or damage to property which may be incurred while participating in any Upward Bound trip or activity during the above stated dates.

If any information on this form should change, please inform the East Central University Upward Bound office.

Date

Signature of Parent/Guardian

This form must be completed and returned to the Upward Bound office.
East Central University Upward Bound: 1100 East 14th Street, PMB P-4 – Ada, OK 74820