

# *Upward Bound Program*

## *-- Medical Consent for Emergency Treatment --*

I release ICC staff, agents, and employees from all claims and liabilities that may arise, result from, or be connected, directly or indirectly, to injuries my child may incur while under its care. I consent to emergency treatment for my child by ICC nurse and/or by staff of an accredited hospital as deemed necessary for his/her health and safety.

PLEASE CALL ME AT: \_\_\_\_\_. If no answer, call one of the following:

\_\_\_\_\_  
Name Relationship to student Phone Number

\_\_\_\_\_  
Name Relationship to student Phone Number

Does your child have any special health problems?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Health Insurance Information**

Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

### **Doctor Information**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

I give Upward Bound Staff/Chaperones permission to administer the following medications to my child:

- Tylenol
- Alka Senter
- Ibuprofen
- Dramamine (motion sickness)
- Mallamint (Tums)
- Other: \_\_\_\_\_

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Today's Date