



## Student Information /Medical/Emergency Update Form

\*This form must be completed and submitted yearly before student attends fieldtrips in the current year. **2022-2023**



Maintaining a student's address, contact information, medical information, and emergency contact numbers is one of the requirements of the Upward Bound Grant provided to us by the U.S. Department of Education. To have the most current information, our program requires each student to submit this form at the beginning of each school year. **This information will be on file with the UB Program for the school year and summer program (September – August) in the year which the student becomes a participant AND will need to be updated annually thereafter.**

### STUDENT INFORMATION

Upward Bound Student: \_\_\_\_\_  
(Print Name) (Current Grade) (Date)

Address: \_\_\_\_\_  
(No. & Street Name) (City) (State) (Zip Code)

Student Cell #: \_\_\_\_\_ Email (other than school): \_\_\_\_\_

Employed: \_\_\_\_\_ Yes \_\_\_\_\_ No

Place of Employment: \_\_\_\_\_

### PARENT/GUARDIAN CONTACT INFORMATION

#### Parent/Guardian #1:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(No. & Street Name) (City) (State) (Zip Code)

E-Mail Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

#### Parent/Guardian #2:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(No. & Street Name) (City) (State) (Zip Code)

E-Mail Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

#### Emergency Contact (other than Parent/Guardian)

\_\_\_\_\_  
Name Phone # Relationship to Student(s)

## MEDICAL INFORMATION

**1. Known Allergies:**

\_\_\_\_\_Aspirin    \_\_\_\_\_Bee/wasp    \_\_\_\_\_Egg products    \_\_\_\_\_Gluten

\_\_\_\_\_Milk products    \_\_\_\_\_Peanuts/peanut oil    \_\_\_\_\_Penicillin    \_\_\_\_\_Sea Food

Other allergy (please name) \_\_\_\_\_

**2. Medical Conditions UB Staff should be made aware of:**

\_\_\_\_\_Anxiety    \_\_\_\_\_Diabetes    \_\_\_\_\_Fainting    \_\_\_\_\_Headaches    \_\_\_\_\_Heart/BP    \_\_\_\_\_Seizures

Other condition (please name) \_\_\_\_\_

**3. Medical Insurance/Physician Info:**

Insurance Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Primary Care Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**4. MEDICATION RELEASE (OTC) & MEDICAL TREATMENT RELEASE**

**By signing below, I give permission for UPWARD BOUND STAFF & CHAPERONES to administer the following medications if necessary,**

\_\_\_\_\_Antacid/Pepto Bismol    \_\_\_\_\_Aspirin    \_\_\_\_\_Benadryl    \_\_\_\_\_Cold/Sinus    \_\_\_\_\_Ibuprofen/Motrin    \_\_\_\_\_Tylenol

Medications (other than OTC) currently taking \_\_\_\_\_

**and I hereby authorize Monroe County Community College Upward Bound Program to seek emergency medical treatment for said child in the case of an accident or illness while participating in any Upward Bound program activity during the academic year and the summer program including any field trips and cultural trips. I release the Monroe County Community College Upward Bound Program and employees from any liabilities for accidents and from normal health difficulties which may occur which may occur while participating in the program and its activities. I further agree to release Monroe County Community College and the Upward Bound program from any expense incurred for medical treatment. I agree to reimburse the program for any medical costs that may be incurred by my son/daughter.**

X \_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**\*PLEASE RETURN COMPLETED FORM TO MHS, AHS, or JHS UB PROGRAM STAFF IMMEDIATELY! OR Email**

the form to any of our UB staff members - Airport High School – [cfriedline@airportschools.com](mailto:cfriedline@airportschools.com), Jefferson High School – [cstranyak@jeffersonschools.org](mailto:cstranyak@jeffersonschools.org), Monroe High School – [Rubley@monroe.k12.mi.us](mailto:Rubley@monroe.k12.mi.us), Dr. Anthony Quinn – [aquinn@monroeccc.edu](mailto:aquinn@monroeccc.edu) or Ms. Prenkert – [cprenkert@monroeccc.edu](mailto:cprenkert@monroeccc.edu)