TRIO
UPWARD BOUND

STUDENT INFORMATION UPDATE

FORM IS TO BE RETURNED IMMEDIATLEY

MONROE COUNTY COMMUNITY COLLEGE
enriching lives

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. In order 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 current school year and summer program for the school year in which the form is submitted.**

Upward Bound Student: ___________________________________ _____________ ________________
(Print Name) (Current Grade) (Date)

PARENT/GUARDIAN CONTACT INFORMATION

Parent/Guardian #1:

Name: ____ Relation to UB Student: _________________

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

E-Mail Address: ____

Home Phone: ____________________ Work Phone: _________________ Cell Phone: ___________________

Parent/Guardian #2:

Name: ____ Relation to UB Student: _________________

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

E-Mail Address: ____

Home Phone: _____________________ Work Phone__________________ Cell Phone: __________________

Student lives with: ____

STUDENT CONTACT INFORMATION

Physical Address: ____
(No. & Street Name) (City) (State) (Zip Code)

Mailing Address: ____
(No. & Street Name) (City) (State) (Zip Code)

Student Cell Phone #: ______________________ Student Email: ____________________________________

Complete both the front and back of this form.

EMERGENCY CONTACT (If parent/guardian cannot be reached)

____

Name Phone # Relationship to Student(s)

MEDICAL INFORMATION

1. **Known Allergies:**

______ Aspirin ______ Bee/wasp ______ Egg products ______ Milk products

______ Peanuts/peanut oil ______ Penicillin ______ Sea Food ______ Wheat

Other allergy (please name) ____

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

____ Anxiety ____ Diabetes ____ Fainting _____ Headaches ____Heart/BP ____ Seizures

Other condition(s) (please name) ____

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

Insurance Name: _________________________Policy Number: __________________

Primary Care Physician Name: ___________________________Phone: ____________

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

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 ____

____

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 during the course of 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 TO MHS, AHS, or JHS UB PROGRAM STAFF IMMEDIATELY!**

You may e-mail completed form to cprenkert@monroeccc.edu