

MEDICAL CONSENT AND FIELD TRIP AUTHORIZATION FORM

STUDENT INFORMATION

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name \_\_\_\_\_ SS# \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Street City Zip

List any severe medical problems that we should know about (for example, chronic diseases, allergy to drugs, physical handicaps, etc.)?

\_\_\_\_\_

Is your child on any medication? Yes  No

If yes, please list medications: \_\_\_\_\_

At the present time, is he/she under medical care? Yes  No

If yes, for what? \_\_\_\_\_

If yes, what is the doctor's name, address, and telephone number?

\_\_\_\_\_  
Name Address Phone #

Parent's Name \_\_\_\_\_  
(Please Print) First Last Phone or Cell #

In case of emergency, the person to contact if the parent/guardian cannot be reached is:

\_\_\_\_\_  
Name Address Phone #

What relationship is this person to the student? \_\_\_\_\_

- I do hereby authorize the Upward Bound staff to give permission for the performance of medical examinations and necessary treatments (including test, x-rays, medicine, etc.) as may be deemed necessary by the physician in attendance. This consent shall be in effect for the period of time that my son/daughter is enrolled as a student in Upward Bound. If any emergency arises requiring a major surgical procedure, the program will attempt to reach me and to be guided by my wishes. If I cannot be reached, I authorize the attending physician to act as medical judgment may dictate.
- I grant my son/daughter permission to participate in Upward Bound sponsored activities and field trips. I understand that my son/daughter is expected to obey all rules and regulations of the Upward Bound program. I also understand that failure to obey written or verbal rules and regulations will be sufficient reason for terminating my child from participation in Talent Search activities or field trips by sending them home.
- I hereby release and forever discharge the University of North Texas at Dallas and its staff members from all manner of claims and responsibility due to any risks encountered by my son/daughter.

I hereby authorize the UNT Dallas Upward Bound to have access to my child's permanent school records during the application process and throughout the period of their participation in the program. I also give permission for the use of my child's name and / or photograph for editorial, promotional, recruitment or educational purposes.

OPT-OUT of photography publication.

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

\_\_\_\_\_  
Date of Consent