



UNIVERSITY OF MARYLAND

PRE-COLLEGE PROGRAMS IN UNDERGRADUATE STUDIES

Upward Bound

Upward Bound Math and Science

LIFT

Room 3103, Susquehanna H
College Park, Maryland 207
301.405.6776 TEL 301.314.9155 F.

EMERGENCY INFORMATION FORM

To Whom It May Concern:

While my child, _____, is a participant in Pre-College Programs' activities at the University of Maryland, College Park, please notify the following individuals should an emergency occur:

Parent/ Guardian: _____ Parent/ Guardian: _____

Address: _____ Address: _____

Daytime Phone: _____ Daytime Phone: _____

Cell: _____ Cell: _____

E-mail: _____ E-mail: _____

If none of the aforementioned persons are available, I authorize Pre-College Programs to contact:

Name: _____ Relationship to minor: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____

Signature: _____ Date: _____

Please complete this section to allow your child to be taken for treatment in case of emergency, when the people listed above cannot be contacted: ***"I give permission for my child to be taken by Pre-College Programs personnel or ambulance for treatment. I will be responsible for all related fees."***

Physician's Name: _____ Address: _____

City/ State: _____ Phone: _____

Health Insurance Company: _____

Policy Number: _____ Name of Policy Holder: _____

Turn over



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Preferred Ambulance Service, if other than EMS: _____

Phone: _____

Use the space below to list any known health conditions and/ or allergies, and medications that your child takes.

Health Condition	Medication	Allergies

If your child has medical equipment or supplies please list them:

Signature: _____

Date: _____

Turn over