FRESNO STATE
Upward Bound Programs

Medical Consent Form

Effective __________to__________.

I ________________________parent (or guardian) of ________________________________whose birthday is on____________,
Parent/Guardian Name Student Name Date of Birth

Hereby authorizes staff members in the Upward Bound Program at California State University, Fresno to seek and authorize medical treatment for my son/daughter in the event of an emergency. If an emergency arises requiring a major surgical procedure, the program staff will attempt to reach me to be guided by my wishes; but, if I cannot be reached, I authorize the attending physician to proceed as deemed advisable and appropriate.

____
Student Residence Address City State Zip

____
High School Age Grade Student Cell Phone #

____
Home Telephone# Father/Guardian Cell Phone# Mother/ Guardian Cell Phone#

Emergency Contact: Please give us the name and phone number of someone we may call in the event of an illness or injury, someone who will know where and how to reach you – if the parent/guardian can't be reached.

____
Name Relationship to Minor Telephone Number

____
Name Relationship to Minor Telephone Number

Do you have medical insurance? ☐ Yes ☐ No

If yes, please write your medical insurance company's name, policy number, and provide a copy of your medical insurance card.

____
Name of Medical Insurance Company Policy Number

Name of Family Doctor: ______________________________ Telephone Number: ________________________________

Date of student's last general medical examination: ________________ Date of last tetanus injection: ________________

Has he/she had a serious illness or operation in the past? Yes ☐ No ☐

If yes, please describe:____

Has your son/daughter had recent exposure to any contagious disease? Yes ☐ No ☐

If yes which one? ____________________________ When? _____________-____

Does the student have any special medical problem(s) or allergies? If so, please specify below.

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____

____

Is he/she taking any prescribed medication? If so, fully explain dosage, times to be given, and reason for medication:

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____

✍____ ______________________
Student's Signature ***Date***

✍____ ______________________
Parent's or Legal Guardian's Signature ***Date***