



Southwestern Community College- Upward Bound EMERGENCY INFORMATION FORM

Name of Student: _____ Age: _____

EMERGENCY CONTACT INFORMATION

PARENT/ GUARDIAN:

Parent or Guardian: _____

Relation to Student: _____ Telephone: _____

Cell/Pager Phone (if applicable): _____

Place of Employment: _____ Work Number: _____

EMERGENCY CONTACT #2: (in case the parent/guardian above is unavailable)

Emergency Contact #2: _____

Relation to Student: _____ Telephone: _____

Cell/Pager Phone (if applicable): _____

Place of Employment: _____ Work Number: _____

PHYSICIAN INFORMATION

Family Physician: _____ Phone: _____

Address: _____

PARENT PERMISSION TO TREAT

_____ has my permission to participate in Upward Bound activities. I hereby authorize Upward Bound, its designees and agents to stand in loco parentis and authorize any necessary medical care or treatment should I be unavailable to render such consent for my minor child myself. I either have appropriate insurance or, in its absence, agree to pay all costs of rescue and/or medical services as may be incurred on my/our behalf.

Signature of Parent or Legal Guardian

Date

Witness

Date