

UBMS Emergency Contact/Medical Information

Student Name: _____

Emergency Contact #1 – Name: _____

Phone #: _____

Emergency Contact #2 – Name: _____

Phone #: _____

Please list any Allergies/Medications:

Allergic to:	Medications Prescribed:

Special Health or Dietary Considerations:

The following non-prescription medications that are checked off may be administered to my child in the event that a first aider, director, program coordinator, summer staff member deems it necessary:

1. Ibuprofen (Advil) Yes ☐ No ☐
2. Antacid (Pepto Bismol) Yes ☐ No ☐
3. Antihistamine (Benadryl) Yes ☐ No ☐
4. Acetaminophen (Tylenol) Yes ☐ No ☐
5. Aspirin (Bayer) Yes ☐ No ☐

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature

Date