



UNIVERSITY OF MARYLAND

PREe COLLEGE PROGRAMS IN UNDERGRADUATE STUDIES
Upward Bound
Lift Academy

4150 Campus Drive, Toll Physics Bldg Rm 4111
College Park, Maryland 20742
301.405.6776 TEL 301.314.9155 FAX

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: _____



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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: _____