



Lake Sumter
State College

STUDENT HEALTH FORM

(Families are responsible for notifying the UB Staff of any changes to student's health conditions and contact information during the year)

Student _____ S.S. # _____ DOB _____

Address: _____

Please note your son/daughter's past and current physical conditions or health limitations Allergies or pre-existing health conditions (please note if your son or daughter is capable of administering his or her own prescribed medication without supervision or monitoring):

During the summer program events and activities, I may be reached at:

Phone 1 _____ Phone 2 _____ Phone 3 _____

If I cannot be reached in the event of an emergency, the following person is authorized to act on my behalf:

Name _____ Relation to Participant _____

Phone 1 _____ Phone 2 _____

Additional Remarks _____

(Parent/Guardian's Signature)

(Date)

By signing this form, I declare that I am the legal parent/guardian of the minor child listed above. I also permit for my son/daughter to receive professional medical treatment if needed and I agree to pay any expense incurred for this treatment.