



EOP SUMMER BRIDGE MEDICAL FORM

Student Name: _____ Birthday (MM/DD/YY): _____
Parent/Guardian 1: _____ Parent/Guardian 2: _____
Relationship to Student: _____ Relationship to Student: _____
Preferred Phone: _____ Preferred Phone: _____

Additional contact in the event that the parent/guardian cannot be reached:

Name: _____ Relationship to Student: _____
Preferred Phones: _____

Allergies: ☐ No known allergies ☐ Food ☐ Medications ☐ Environmental (bee stings, hay fever, etc.)

Please describe the allergy, whether the allergy is caused by ingestion, touch or airborne and what the level of allergy is (mild, sever, anaphylactic): _____

Does the student use an inhaler: ☐ Yes ☐ No Does the student carry an epi-pen: ☐ Yes ☐ No

Student Health: Please circle the appropriate answer. Does the student have. . .

Bleeding/clotting disorders? Yes No Seizure disorder? Yes No Asthma? Yes No

Physical impairments? Yes No Diabetes? Yes No Fainting/Dizziness? Yes No

Headaches/Migraines? Yes No.

Activity Restrictions/Accommodations: Does the student have any restrictions to participating in activities, be it physical, mental or behavioral? ☐ Yes ☐ No If so, please explain restrictions or any accommodations that may be needed to support full participation in the EOP Summer Bridge Program. _____

Medical Insurance Information:

This student is covered by health insurance: ☐ Yes ☐ No

Insurance Company: _____ Policy Number: _____

Subscriber: _____ Insurance Company Phone #: _____

Parent/Guardian Authorization for Health Care: The student's medical conditions and information stated on this application is complete and correct. I give permission to the SDSU EOP staff to 1) seek appropriate first aid for minor injuries, and 2) seek further treatment from local physicians or hospitals if the medical condition warrants. In the event I cannot be reached in an emergency, I also give permission to the treating medical provider to examine, diagnose, and treat or secure proper treatment for the student as the provider shall determine proper and necessary under the circumstances. I agree to assume full financial responsibility for the costs of any evacuation and/or medical treatment that the student may receive. A photocopy of this consent shall be as valid and may be accepted as the original.

I affirm that I have filled out this form to the best of my knowledge. This information will only be shared with SDSU Summer Bridge staff on a "need to know" basis.

Student Signature: _____ Date: _____

If under 18, please provide: Parent Signature: _____ Date: _____