



Summer Institute @UCF

Medical Form

All parents of participants attending the UCF Summer Institute must send it in **PRIOR** to the start of the UCF Summer Institute, **along with a copy of their insurance card**. Participation in the UCF Summer Institute is **NOT** allowed without this form.

STUDENT NAME: _____

HOME PHONE: _____ WORK PHONE: _____

PARENT / GUARDIAN NAME: _____

PARENT / GUARDIAN EMAIL: _____

PHYSICIAN'S NAME: _____ PHYSICIAN'S PHONE: _____

INSURANCE'S NAME: _____

POLICY NUMBER: _____

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PRE-EXISTING MEDICAL CONDITION(S). PLEASE INCLUDE ANY CONDITIONS OR DISABILITIES THAT AFFECT THE STUDENT'S ABILITY TO PARTICIPATE IN THE UCF SUMMER INSTITUTE:

NAME OF MEDICATION(S): _____

DOSAGE OF MEDICATION(S): _____

TIME/DAYS MEDICATION(S) SHOULD BE TAKEN: _____

COMMENTS: _____

I understand that UCF does not supply health insurance for students participating in the Summer Institute and it is my responsibility as parent/guardian to provide appropriate health insurance authorized for use in the State of Florida or incur any expenses resulting from illness or injury.

I hereby authorize my son/daughter, _____, to take full responsibility of his/her medication, and to administer it to himself/herself. I have discussed with my child what the medication treats, how to take the medication, when to take the medication, and other vital information about the medication. I realize that Summer Institute is not responsible for checking up on whether or not he/she has taken his/her dosage. I also understand that my child may be dismissed, at UCF's sole discretion, without warning if he/she is caught sharing prescription medication with others.

I hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND HOLD HARMLESS for any and all purposes the University of Central Florida (including but not limited to its College of Engineering and Computer Science), the Board of Trustees of the University of Central Florida, the State of Florida, the Florida Board of Education, the Florida Board of Governors, and their employees, officers, agents, servants, volunteers and students and all organizations involved in the coordination, hosting, and staffing of and contribution of equipment and supplies to the conference/workshop, and also their agents, servants, and employees (with all of the above collectively referred to as RELEASEES), FROM ANY AND ALL LIABILITIES, RESPONSIBILITIES, CLAIMS, DEMANDS, DAMAGES, ACTIONS, JUDGMENTS, EXPENSES (INCLUDING FEES AND COSTS), CAUSES OF ACTION OR INJURY, INCLUDING DEATH that may be sustained by my child due to my child administering his/her own medication or my child's failure to do so, while at UCF Summer Institute or otherwise and/or whether caused by RELEASEES' negligence or otherwise.

Print Parent/Guardian Name _____

Parent/Guardian Signature _____

Date _____

Parent/Guardian Cell Phone: _____

Student Cell Phone (if applicable): _____