

PRECOLLEGE SUMMER INSTITUTE QUESTIONNAIRE (SAMPLE)

Parent / Legal Guardian 1*		Parent / Legal Guardian 2	
		☐ Same as Parent /	Legal Guardian 1
Last Name / Surname / Family Name*: First Name*: Middle Name: Suffix: Relationship to Participant*: Street Address 1 (No P.O. Boxes)*: Street Address 2: City*: State: Zip / Postal Code*: Country*: Home Phone Number (area code first)*: Work Phone Number (area code first): Mobile Phone Number (area code first)* Email Address*: Emergency Contact	:	Email Address:	icipant: o P.O. Boxes): er (area code first): er (area code first): ber (area code first):
Please provide at least one <u>domestic</u> emergency contact/authorized adult to pick up The Participant in the event of an emergency or dismissal.			
1. Full name:	Relationship:	P	hone:
2. Full name:	Relationship:	P	hone:
3. Full name:	Relationship:	P	hone:
Adverse Reactions and Allergies:			
DO NOT give my child the following medications under any circumstances:			
Allergies to medications, food, insect bites, environmental factors, etc.:			
Does the Program Participant carry an EpiPen for allergies? ☐ Yes ☐ No			
NOTES:			



No prescription or over-the-counter medication will be available on site.

No assistance with administration of any medication may be provided by The University.

University staff and its authorized representatives may provide an attending healthcare provider, including a paramedic with information on adverse reactions and allergies.

Participants with Learning, Physical, Medical Conditions, Disabilities and/or Other Needs:

You must contact Summer Sessions by May 15, or immediately upon enrollment, at info@summer.ucla.edu if physical, medical, or other accommodations will be needed. Summer Sessions will inform you of the applicable request submission process. Please note that requests do not guarantee accommodations. Results as to whether UCLA can facilitate the requested accommodations will be notified.