



## PRECOLLEGE SUMMER INSTITUTE QUESTIONNAIRE (SAMPLE)

### 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\*:

### 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:

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### **Emergency Contact**

Please provide at least one domestic emergency contact/authorized adult to pick up The Participant in the event of an emergency or dismissal.

1. Full name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_
2. Full name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_
3. Full name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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### **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.

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

You must contact Summer Sessions by May 15 of the year of the Program at [institutes@summer.ucla.edu](mailto:institutes@summer.ucla.edu) if physical, medical, classroom, or other accommodations will be needed. Please use the [Request for Accommodations Form](#) for requests that are due to medical conditions or disabilities. All other requests (e.g., dietary restrictions for those who are enrolled in a residential Program) can be submitted in writing via email. Requests do not guarantee accommodations. Results as to whether UCLA can facilitate the requested accommodations will be notified by May 31 of the year of the Program.