

Emergency Information & Contacts for Minor

DEPARTMENT & ACTIVITY

UC Davis Health Professions Advising

UC Davis High School Pre-Health Symposium

Department _____

Class/Activity _____

Name of Minor: _____

EMERGENCY CONTACT

IN CASE OF EMERGENCY NOTIFY: _____

RELATIONSHIP: _____

Address: _____

City: _____ State, Zip Code: _____

Home Phone: _____ Work Phone: _____

NAME OF PARENTS

Father's Name or Guardian (if different than above): _____

Address: _____

City: _____ State, Zip Code: _____

Home Phone: _____ Work Phone: _____

Mother's Name or Guardian (if different than above): _____

Address: _____

City: _____ State, Zip Code: _____

Home Phone: _____ Work Phone: _____

SPECIAL CONDITIONS

If your child has health information that would be important for us to be aware of, please check here:

Do not send health information on this form.

If you check this box, you MUST fill out the Additional Medical Information Form provided.

SIGNATURE OF PARENT/GUARDIAN

Signature of Parent/Guardian: _____

Date: _____