

American Indian Science Scholar Program

Emergency Contact and Health Information

To be completed by the student or parent/guardian.

Student Information

Student Name _____ Date of Birth _____

Student's Address _____ City _____ Zip _____

Home telephone (____) _____ Work phone (____) _____

Name of Student's personal physician _____ Phone # _____

Health, Accident or Surgical Insurance: _____

(Please attach a copy of the insurance card)

State/Federal/Medical Assistance _____

Medications and Allergies _____

Parent/Guardian Information

Parent/Guardian Name _____

Parent/Guardian Address _____ City _____ Zip _____

Home telephone (____) _____ Work phone (____) _____

Emergency Contact Information

Name _____ Phone (____) _____

Address _____ City _____ Zip _____

Relationship _____

Photo Permission

From time to time photographers from Community Newspapers, The Milwaukee Journal/Sentinel, WTMJ, WISN, WITI or University News Services and Publications request permission to take pictures of students in UWM Summer Programs. We would like to obtain permission for your child to be photographed for these purposes in advance. If we are asked for photographs for any other purpose, or by any other group or individual, we will request your permission for that specific event in advance.

I give permission for myself, or my child if under the age 18, _____, to be photographed by the agencies listed above for the purposes listed above while he/she is enrolled in American Indian Science Scholar Program.
