



University  
of Vermont

## Discovering UVM

### PARENTAL CONSENT FORM AND MEDICAL INFORMATION

Please be advised that \_\_\_\_\_, my daughter/son, has my permission to attend the **Fall 2025 Discovering UVM program** at the University of Vermont. They will be a guest of the University of Vermont's Office of Undergraduate Admissions from the time they arrive on campus on **Sunday October 26<sup>th</sup>** until the conclusion of the program on **Tuesday October 28<sup>th</sup>**. The program will include all meals, lodging, visiting with current students, academic programming, and evening entertainment. Drug and alcohol use is strictly prohibited; any student who is in violation of this will be sent home immediately at the student's/parents' expense and their parent/guardian will be notified. Should emergency medical attention be required, I give my permission to the University of Vermont to provide/arrange for that medical attention for my daughter/son. I understand that I will be solely responsible for any and all medical bills associated with any such treatment.

Please note that while lodging is provided, attendees should anticipate sharing a room with another student.

Signature of Student: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Name of Parent/Guardian (Please Print): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

## **MEDICAL INFORMATION**

To the best of my knowledge, my child is in good health and can participate in the types of activities noted above with or without reasonable accommodation (as noted below). I do not anticipate that my child will have any health problems while participating in this program; however, UVM should be aware of the following medical conditions or medications my child takes:

Does your child have any medical condition of which we should be aware? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Does your child take any medication regularly? \_\_\_\_\_

If yes, what are the medication? \_\_\_\_\_

Is your child allergic to any medications? \_\_\_\_\_

If yes, which medications are they allergic to? \_\_\_\_\_

My child can self-administer medication: Yes\_\_\_\_ No \_\_\_\_\_

### **Name of medical personnel we should contact in an emergency:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**Emergency contact name (other than parent/guardian):**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

HEALTH INSURANCE COVERAGE

Name of Insurance Company: \_\_\_\_\_

Subscriber Name: \_\_\_\_\_

Group Number: \_\_\_\_\_

Certificate or Member Number: \_\_\_\_\_

*“Regardless of whether my child has health insurance, I understand that the University of Vermont does not provide medical insurance covering injuries of any nature during the Discovering UVM program and further understand that I am financially responsible for any and all costs related to medical services provided to my child. By signing above, I agree to release the University of Vermont, its agents and employees from any and all claims, demands, or causes of action resulting from participating in this program unless caused by the University’s sole negligence. I hereby authorize UVM staff to act for my child according to their best judgment in any emergency requiring medical attention.*

