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 2026 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 November 1st** until the conclusion of the program on **Tuesday November 3rd**. 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 our 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.*