



SCHOOL OF MEDICINE
UNIVERSITY of CALIFORNIA • IRVINE

Health and Science Enrichment Program

Phone: 949-824-6689 E-mail: summerpremed@uci.edu

STUDENT REGISTRATION FORM

Student Name: Gender: M F

Address: T-shirt size: XS S M L XL

City: State: Zip Code:

Student E-mail: Parent E-mail:

Home Phone: Student Cell: Parent Cell:

Best contact number while student is at camp: 1) 2)

Parent/Guardian Name(s): (1)

(2)

Health Insurance Provider: Policy Number:

Name of Primary Policy Holder:

List all prescription medications student is currently or may be taking:

Name: Dosage: Frequency: Reason:

Name: Dosage: Frequency: Reason:

Name: Dosage: Frequency: Reason:

List student's known food, drug, animal or environmental allergies:

List any other medical conditions for which the student is being treated:

Physician Name: Physician Phone:

Initial to be called before any over-the-counter medication is dispensed:

A copy of the student's immunization record is required. In addition, proof is required of:

- Hepatitis B vaccine (proof of three doses)
- Tdap vaccination for diphtheria, tetanus and pertussis (whooping cough) given after 9 years of age
- Tuberculosis skin test within the last year

The students are not allowed to transport other students in their vehicles under any circumstances (per American Camping Association Safety Standards). If theft or damage should occur to the vehicle while at the campus or in transit, the University of California, Irvine Health & Science Enrichment Programs will not be held responsible for any damages, and I hereby release the Health and Science Enrichment Programs from any such liability.

The parking office requires one month advance notice for parking permits. The program will cover the cost of the permit if you indicate that you need a parking permit at least one month prior to the start of the camp. **If you fail to notify us within one month, you will be responsible for the cost of the parking.**

Will you need a parking permit for the duration of the camp?

Yes, I will be driving and parking on campus and will need a parking permit for the duration of the camp.

No, I will not be parking on campus for the duration of the camp and will not need a parking permit.

I certify that this health history information is correct and complete. I authorize the UC Irvine Health and Science Enrichment Programs to provide routine healthcare, administer prescribed medications and seek emergency medical treatment, including X-rays or routine tests. I give permission to the physician chosen by the program to secure and administer treatment for the named student, including emergency medical or surgical treatment and hospitalization.

I am financially responsible for any medical attention needed or resulting from any injury received during the session. My medical insurance shall be the insurance coverage for any medical treatment. This form may be photocopied for trips outside the general lab facilities.

I hereby release, indemnify and hold harmless UC Irvine and its Health and Science Enrichment Programs, its trustees, employees, volunteer workers, students, agents and assigns from any and all liability, damage and claim of any nature whatsoever arising from or in any way related to my participation in the Health and Science Enrichment Programs. Participating in any activity is an acceptance of some risk of injury. I agree that my safety is primarily dependent upon taking proper care of myself. Despite precautions, accidents and injuries may occur and injury and/or loss or damage to personal property may occur as a result of participating in the Health and Science Enrichment Programs; therefore, I assume all risks related to participating in the Health and Science Enrichment Programs. I also hereby acknowledge that the UC Irvine Health and Science Enrichment Programs, its trustees, employees, volunteer workers, students, agents and assigns assume no liability whatsoever for personal injuries or property damage that may arise from my participation in the program.

Conduct Code

Students are subject to school-imposed consequences under the following circumstances:

1. Found or suspected to possess or use tobacco products, drugs, controlled substances or alcohol
2. Possess or use of any weapons
3. Disrespectful behavior or immoral conduct
4. Harassment

5. Hazing
6. Theft
7. Vandalism
8. Littering
9. Forgery

My signature on this form indicates that I have read, understood and freely signed this agreement.

Student Name (Print Legibly) _____

Student Signature _____

REGISTRATION CHECKLIST

Please complete all the required forms and return to us along with copies of required documents as soon as possible. We encourage you to make copies of each completed form and retain them for future reference.

- _____ Signed Student Registration/Health Information Form (this form)
- _____ Signed Confidentiality Form
- _____ Signed Liability Waiver Form
- _____ Immunization Record
- _____ Proof of Health Insurance

All completed forms and copies of required documents (immunization record, health insurance) **are to be received within four weeks after acceptance.** Please mail or fax documents to:

Coordinator
Health and Science Enrichment Programs
UC Irvine School of Medicine
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Irvine, CA 92697
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