



**UCSC MEMBER INFORMATION**

**Date:** \_\_\_\_\_

FIRST SIBLING FULL LEGAL NAME: \_\_\_\_\_

Gender: M F          DOB: \_\_\_\_\_ Squad: \_\_\_\_\_  
  month            day            year

Alberta Health Care: \_\_\_\_\_

Allergies/Medical Conditions: \_\_\_\_\_

Is the allergy life threatening? \_\_\_\_\_

I authorize UCSC chaperones to dispense the following medication to my child as necessary.

TYLENOL Yes No          ADVIL Yes No          REACTINE Yes No          GRAVOL Yes No  
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SECOND SIBLING FULL LEGAL NAME: \_\_\_\_\_

Gender: M F          DOB: \_\_\_\_\_ Squad: \_\_\_\_\_  
                                        month            day            year

Alberta Health Care: \_\_\_\_\_

Allergies/Medical Conditions: \_\_\_\_\_

Is the allergy life threatening? \_\_\_\_\_

I authorize UCSC chaperones to dispense the following medication to my child as necessary.

TYLENOL Yes No          ADVIL Yes No          REACTINE Yes No          GRAVOL Yes No  
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Mailing Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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

Email for website access and account statements: \_\_\_\_\_

Additional emails: \_\_\_\_\_

GUARDIAN Full Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

GUARDIAN Full Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_