



HARVARD SUMMER SCHOOL

Secondary School Program and Pre-College Program

MEDICAL HISTORY AND CONSENT FORM

Information found on this form is not reviewed and will only be shared with health care providers and staff in the event of an emergency. If you have indicated illness, allergies, or medication that affect housing or academics, please contact the Accessibility Office at accessibility@extension.harvard.edu.

Please note: this form is intended to be filled out by a parent or guardian with their student present.

STUDENT FULL LEGAL NAME (exactly as printed on your passport or other government-issued photo identification)				
Last/Family/Surname(s)	First/Given name(s)	Middle name(s)	Date of Birth	HUID Number
DOCTOR'S NAME				
			Telephone	
EMERGENCY CONTACT INFORMATION				
Name	Relation to student	Telephone	Email	
PARENT OR GUARDIAN NAME				
Last/Family/Surname(s)	First/Given name(s)	Telephone	Email	

ALLERGIES – please list any allergies to medications, environmental substances, etc. _____

Has your child ever had a life threatening or anaphylactic reaction? Y N

MEDICATIONS – list the name and dosage of all medications, both prescription and over the counter medications, that your child is currently taking: _____

Height (in inches) _____ Weight (in pounds) _____

Current and Past history

Does your child have any serious or chronic illnesses	Y N	Has your child ever been hospitalized	Y N
Has your child had serious injuries or accidents	Y N	Has your child ever reacted to immunizations	Y N
Has your child had any surgeries	Y N		

Does your child have or has your child ever had

Asthma, recurrent cough, bronchitis or pneumonia	Y N	Bladder or kidney problems	Y N
Nasal or other upper respiratory allergies	Y N	Any heart problems or heart murmur	Y N
Eczema or other dermatological problems	Y N	Anemia, bleeding or blood disorders	Y N
Frequent ear infections or sore throat	Y N	Diabetes	Y N
Problems with hearing, ears, eyes or vision	Y N	Thyroid or other endocrine disorders	Y N
Frequent headaches	Y N	ADD /ADHD	Y N
Neurological problems	Y N	Mental health issues (depression, etc.)	Y N
Frequent abdominal pain	Y N	Eating disorders	Y N
Constipation requiring doctor visits	Y N	Use of drugs or alcohol	Y N

If you marked any answer above as “Yes,” please explain. Age, treatments/medications, and potential side effects should be listed here:

I release Harvard University, including without limitation University Health Services and the Summer School and their employees and agents (“Harvard”), from all liability for any illness or accident that my son or daughter may incur while participating in the Harvard Summer School, including any activities, trips, or events organized by the Harvard Summer School. I also give my permission to Harvard to provide my child with emergency medical treatment in case of illness or accident if such treatment becomes necessary before Harvard is able to notify me, and I release Harvard from all liability in providing such treatment. Please sign below to indicate your acknowledgment and agreement with the Medical Information and Release.

PARENT OR GUARDIAN SIGNATURE	DATE