

Additional Information for Minors

DEPARTMENT & ACTIVITY

UC Davis Health Professions Advising

UC Davis High School Pre-Health Symposium

Department

Class/Activity

Name of Minor: _____

SPECIAL CONDITIONS

If your child has a medical problem(s) or is taking medication(s) that would be important for us to be aware of, please indicate them here:

SIGNATURE OF PARENT/GUARDIAN

Signature of Parent/Guardian: _____ Date: _____