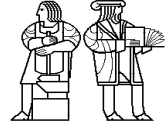


MASSACHUSETTS INSTITUTE OF TECHNOLOGY



Educational Studies Program, an MIT Student Group
77 Massachusetts Avenue
W20 4th Floor, Room 467
Cambridge, MA 02139

Building W20-549
(617) 253-4882
(617) 253-8391 Fax
esp@mit.edu

ESP MEDICAL & EMERGENCY CONTACT/PARENTAL CONSENT FORM

Student Name: _____
Last First Middle

Student's Date of birth: _____

*Student's physician: _____
Name Telephone

*Health Insurance: _____
Name Policy Number

History of significant health problems: _____

Allergies to medications or foods: _____

List any medications student will/may be taking during the program:

In case of an injury, I grant permission for _____ to receive medical attention deemed necessary, by qualified medical personnel, during the entire time that he or she (listed within) is participating in the Educational Studies Program.

We will take reasonable steps to notify you in the event of an accident or injury, which may require emergency care. If you cannot be contacted, permission is granted to MIT staff to seek medical attention. All financial responsibility for hospitalization and medical care provided, in the case of an emergency, is to be assumed by the parent or guardian.

Signature of Parent or Guardian

Date

Day Phone: (____) _____

Evening Phone: (____) _____

Cell Phone: (____) _____

Email: _____

Other Emergency Contact & Phone:

Name _____

(____) _____

* Information not required, but strongly suggested