

PARENTAL CONSENT/ MEDICAL & EMERGENCY CONTACT FORM

Student Name: _____
Last First Middle

Home address: _____

Student Cell Phone (if applicable): _____ Birth date: _____

Parent #1 or Legal Guardian: _____
Last Name First Middle

Contact Information (Parent #1/Guardian): Day#: _____; Evening#: _____; Cell# _____

Parent #2: _____
Last Name First Middle

Contact Information (Parent #2): Day#: _____; Evening#: _____; Cell# _____

Chronic medical conditions requiring ongoing care: _____

Allergies (Animals, latex, food, meds, other): _____

Prescription medicines used regularly or needed on occasion: _____

Date of last tetanus booster: _____

Any other health issues of Student that MIT should be aware of? _____

Student's Primary Care Physician (Name/Phone): _____

Health Insurance: _____
Name of Insurance Co. and Primary Subscriber Policy Number

I am not aware of any medical conditions which would interfere with my son/daughter's participation in this activity and I hereby grant permission for my child to participate in _____, for the following date(s) or period of time: _____.

Additionally, in case of emergency and if I/we cannot be reached, I, the undersigned parent of the above-named child, do hereby authorize the MIT program representatives to seek medical attention deemed necessary, by qualified medical personnel, during the entire time that my child is participating in this program. I/we understand that I/we will be responsible for any medical charges incurred in the treatment of my child, in the case of an emergency, that are not covered by my family's health insurance.

(If Applicable) Both Student and Parent acknowledge, and Student agrees to follow the attached MIT Department/Lab/Center/Program Policies and Procedures. Attachment Included: Yes ____ No X;
MIT Release required: Yes X; No ____

Signature of Student

Date

Signature of Parent or Guardian

Date

Distribution:

Signed original(s), including all attachments, or executed electronic copies – Student Organizers on site

Copy – Student Activities Office

Record retention – 3 years after the end date of the program.