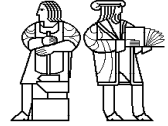


MASSACHUSETTS INSTITUTE OF TECHNOLOGY

Student Life Programs Office
77 Massachusetts Avenue
Cambridge, MA 02139

Building W20-549
(617) 253-6777
(617) 253-8391 Fax



MEDICAL & EMERGENCY CONTACT/PARENTAL CONSENT FORM

Students, mail this completed form to: Forms should be brought on the day of the event. Note that students may not participate without these forms.

The original signed form MUST be on file in our office prior to the event. No exceptions.

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 be taking: _____

I hereby give permission for _____ to participate in the
(event) _____ on _____ (day), _____
(month), _____ (year).

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 _____ event.

PARENT: Every reasonable precaution will be taken to provide for the safety and care of your son or daughter. Every effort will be made to notify you in the event of an accident or injury, which may require emergency care. If you can not be contacted, permission is granted to the staff of the Dean for Student Life Programs 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.

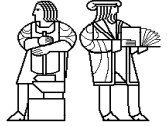
Signature of Student or Parent or Guardian (if student is a minor) Date

Please return this form to the Student Life Programs Office, W20-549.
In case of questions or emergency, please contact Tom Robinson or Linda Noel at 617-253-6777
during regular business hours or contact the Dean on Call at 617-253-1212.

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Emergency Contact Information:

Day Phone: (____) _____

Evening Phone: (____) _____

Cell Phone: (____) _____

Email: _____

Other Emergency Contact & Phone:

Name _____
(____) _____

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