## **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 problem	ns:	
Allergies to medications or foods:		
List any medications student will be	e taking:	
I hereby give permission for (event) (month), (year).		to participate in the (day),
(month), (year).		
In case of an injury, I grant perm medical attention deemed necessa he or she (listed within) is participat	ary, by qualified medical per	
PARENT: Every reasonable precaution w daughter. Every effort will be made to a require emergency care. If you can not be Student Life Programs to seek medical a medical care provided, in the case of an em	notify you in the event of an acc e contacted, permission is granted attention. All financial responsibility	ident or injury, which may to the staff of the Dean for ility for hospitalization and
Signature of Student or Parent or G	 Guardian (if student is a mind	or) 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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<b>Emergency Contact Information:</b>	
Day Phone: ()	
Evening Phone: ()	Other Emergency Contact & Phone: Name
Cell Phone: ()            Email:	()