Parental Consent/ Medical & Emergency Contact Form for Minors at MIT

Student Name: _____
Last First Middle
Student's Date of birth: _____

Student's physician: _____ _____
Name Telephone
Health Insurance: _____ _____
Name Policy Number
Date of most recent physical exam (in past 2 years): _____

History of significant health problems: _____

Allergies to medications or foods: _____
List dates of latest immunizations:

Hepatitis B	_____	Tuberculosis skin testing:	
Polio	_____	PPD	_____
Tetanus (DTP, DTAP, DT, Td)	_____	Date:	_____
MMR (measles, mumps, rubella)	_____	Bcg date	_____
Chicken pox disease	_____		
Chicken pox vaccine	_____		

List any medications student will be taking: _____
_____

I hereby give permission for _____ to participate in _____, for the following date(s) or period of time: _____.
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 _____.

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 the MIT staff of the _____(Dept./Lab) 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.

The parents/guardian will make appropriate travel arrangements to correspond to the student's project schedule and will direct the student to report promptly to the lab. The parent/guardian is responsible for promptly retrieving student at the end of his/her scheduled project shift. The parent/ guardian will notify the primary supervisor if (s)he will be late. Two or more late retrievals may result in the termination of the student project.

(If Applicable) Both Student and Parent acknowledge, and Student agrees to follow the attached Lab Policies and Procedures. Attachment Included: Yes ___ No ___

The Institute will collect and store this information in accordance with the established MIT Guidelines for Handling Sensitive Data posted at http://web.mit.edu/ist/topics/security/sensitive/index.html

_____ _____
Signature of Student Date

_____ _____
Signature of Parent or Guardian Date

Day Phone: (____) _____
Evening Phone: (____) _____
Cell Phone: (____) _____
Email:

Other Emergency Contact & Phone:
Name _____
(_____) _____