

MIT Campus Preview Weekend Medical Release Form

All students attending Campus Preview Weekend must complete and return this form.

Please sign and email your completed form to cpw@mit.edu.

Parents must complete this form for students under the age of 18.

Student's Name: _____
FAMILY/LAST NAME FIRST/GIVEN NAME MIDDLE NAME

Home Address: _____
STREET

_____ CITY STATE ZIP

Cell Phone: _____ Birth Date: _____
MONTH/DAY/YEAR

Father/Guardian: _____ Mother/Guardian: _____
FULL NAME FULL NAME

Day/Cellphone: _____ Day/Cellphone: _____
(AREA CODE) (AREA CODE)

Evening Phone: _____ Evening Phone: _____
(AREA CODE) (AREA CODE)

Name and phone of person with whom student resides: _____
(if different from above)

Chronic medical conditions requiring ongoing care: _____

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

Prescription medicines used regularly or needed on occasion: _____

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

Physician: _____ Physician Phone Number: _____

Student's Insurance Information

Name of insurance provider: _____

Student's insurance ID number: _____ Group number (if applicable): _____

Name of primary subscriber/relationship to student: _____

Subscriber's date of birth: _____

Please initial to indicate you have read each statement and sign below:

_____ In case of an emergency and if I/we cannot be reached, I/we the undersigned parent(s) or guardian(s) of the above-named minor, do hereby authorize a representative of Massachusetts Institute of Technology (MIT) 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 that are not covered by insurance.

_____ I am not aware of any medical conditions which would interfere with my son/daughter's participation in this activity and I give permission for my child named above to visit Massachusetts Institute of Technology (MIT) and participate in Campus Preview Weekend. To the extent permissible by law, I hereby release, indemnify and hold harmless MIT, its trustees, officers, agents and employees from any and all liability, damage or claim of any nature whatsoever arising out of or in any way related to my child's participation in this visit to MIT.

Parent/Legal Guardian: _____
(if student is a minor) SIGNATURE DATE

Student Signature: _____
(if student is over 18) SIGNATURE DATE