

Medical Information, Consent for Emergency Medical Treatment & Emergency Contact Information Form

Participant Name _____

Date of Birth _____

Medical Insurance

Is the participant covered by medical/hospital insurance? ☐ Yes ☐ No

If so, list the policy/group number: _____

Carrier Name _____

Name of Insured _____

Relationship of Insured to Participant _____

Medical Information

Primary Care Physician _____

Phone _____

Address _____

City, State and Zip Code _____

Does the participant have any chronic or acute medical conditions that would require any accommodation to permit participation in the program/activity? ☐ Yes ☐ No

If yes, please explain. _____

Please list any medications that would need to be administered to participant in case of an emergency. _____

Please list any allergies to medications, food, pollen, insect bites, etc. and/or other dietary restrictions, and indicate if participant carries an EpiPen for allergic reactions. _____

Please list any other special needs or medical issues that would be important for caregivers to know about in case of an emergency. _____

Participant Home Phone _____

Participant Cell Phone _____

In Case of Emergency, Please Notify

Primary Contact's Name _____
City _____
Relationship ☐ Parent ☐ Legal Guardian ☐ Sibling
☐ Other, describe _____
Home Phone _____ Alternate Phone _____
Email Address _____

AND/OR

Secondary Contact's Name _____
City _____
Relationship ☐ Parent ☐ Legal Guardian ☐ Sibling
☐ Other, describe _____
Home Phone _____ Alternate Phone _____
Email Address _____

Consent for Emergency Medical Treatment

I hereby give consent to Stanford University to obtain all emergency medical care under whatever conditions are necessary to preserve the life, limb or wellbeing of the Participant named above.

Participant Signature _____
Date _____

Parent/Legal Guardian Signature

(If parent/guardian's plan covers the participant or if participant is under 18 years old at the start of the program/activity)

Signature _____
Date _____
Parent/Guardian Name Printed _____