

# MIT Campus Preview Weekend 2013: Medical Release Form

THIS FORM MUST BE COMPLETED AND RETURNED BY MARCH 28, 2013

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

***Please fax your completed form to 617-687-9184 no later than March 28, 2013.***

***\*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:** \_\_\_\_\_

**Date of last Tetanus Shot:** \_\_\_\_\_  
(MONTH/DAY/YEAR)

## 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