



Participant Name _____

Medical Insurance and Information and Consent for Emergency Medical Treatment Form

Medical Insurance

Is the student covered by medical/hospital insurance? Yes No

If so, list the policy/group number: _____

Carrier Name: _____ Name of Insured: _____

Relationship of Insured to Student: _____

Medical Information

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

Please list any allergies to medications, food, insect bites, etc, and indicate if intern carries an EpiPen for allergic reactions.

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

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 well being 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 internship) _____ Date: _____

Parent or Guardian Name Printed: _____

Emergency Contact Information Form

Intern Home Phone _____ Intern Cell Phone _____

In Case of Emergency, Please Notify:

Primary Contact's Name: _____ City _____

Relationship to You: Parent Legal Guardian Sibling Other, describe:

Home Phone _____ Alternate Phone _____

Email Address: _____

AND/OR

Secondary Contact's Name _____ City _____

Relationship to You: Parent Legal Guardian Sibling Other, describe:

Home Phone _____ Alternate Phone _____

Email Address: _____

Participant Signature _____ Date _____

Parent/Guardian Signature (if participant is under 18 years old at the start of the internship) _____ Date _____

Parent or Guardian Name Printed: _____