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: ______________________________