



## Medical/Insurance & Emergency Contact Information

The purpose of field trips, college visits and business tours through Educational Talent Search is to expose students to a greater number of educational and cultural experiences to expand their ideas, opportunities and planning in their postsecondary education. In order for ETS to provide adequate supervision and appropriate safety measures we need you to fill out the following details.

**Student Name** \_\_\_\_\_ **Age** \_\_\_\_\_ **Grade** \_\_\_\_\_ **School** \_\_\_\_\_

**Social Security # (required)** \_\_\_\_\_ **Parent/Guardian Name** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

### Emergency Contact (other than parent/guardian):

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Your Insurance Company** \_\_\_\_\_ **Policy Number/MA Number** \_\_\_\_\_

**Clinic** \_\_\_\_\_ **Family Physician** \_\_\_\_\_ **Clinic Phone** \_\_\_\_\_

### Health History (Describe condition/treatment where possible):

**Conditions requiring regular medication: (e.g. diabetes, epilepsy)** \_\_\_\_\_ **NO** \_\_\_\_\_ **YES**

**If so, please list:** \_\_\_\_\_

**Recent injuries, illnesses, operations:** \_\_\_\_\_ **NO** \_\_\_\_\_ **YES** **If so, please list:** \_\_\_\_\_

### Other physical disabilities, allergies, chronic conditions, emotional or behavioral disorders:

\_\_\_\_\_ **NO** \_\_\_\_\_ **YES** **If so, please list:** \_\_\_\_\_

**Medicinal Authorization:** You must complete this portion if your child will be taking any **prescription or over the counter (OTC) medications while on this event. Medication(s) must be brought in the original bottle(s) and only the amount needed for the duration of the event. ETS staff will collect all prescription medications, provide reminders to students at scheduled times, and asks that students take any medication in the presence of an ETS staff member.**

**Name of medication** \_\_\_\_\_ **Dose & Time(s)** \_\_\_\_\_

**For treatment of** \_\_\_\_\_ **Possible side effects:** \_\_\_\_\_

**Name of medication** \_\_\_\_\_ **Dose & Time(s)** \_\_\_\_\_

**For treatment of** \_\_\_\_\_ **Possible side effects:** \_\_\_\_\_

\_\_\_\_\_ **Additional medications or special instructions? Please list on the back of this sheet.**

**ETS will have a limited supply of OTC medications as listed below. Your signature authorizes the ETS staff to dispense the following as deemed necessary:**

\_\_\_\_\_ **Ibuprofen** \_\_\_\_\_ **Acetaminophen** \_\_\_\_\_ **Benadryl** \_\_\_\_\_ **Pamprin/Midol**

Educational Talent Search takes the care and supervision of the students seriously. Illnesses and accidents, although uncommon, can occur even under the most careful supervision. If the need for medical attention should arise, I accept responsibility for the payment of any medical treatment which may be required. I understand the ETS staff will make an attempt to contact parents if a medical situation arises and time permits. However, in the case of emergency I hereby authorize the ETS staff to procure medical attention on my child's behalf. I agree to hold harmless Educational Talent Search, Mankato and ETS staff.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date