



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 _____
Student Email Address (print clearly) _____
Parent Email Address (print clearly) _____
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 _____

Awareness and Accommodations

Do you have any disabilities, allergies, chronic conditions, emotional or behavioral conditions that may require staff awareness for safety, treatment or accommodations for the travel/event: _____ No _____ Yes If Yes; please list condition so that we can best provide care and accommodations: _____

Medicinal Authorization:

ETS will have a limited supply of OTC medications as listed below. Please check the OTC medications that you authorize the ETS staff to dispense the following as deemed necessary (*ETS will follow recommended dosage unless noted below).

_____ Ibuprofen _____ Acetaminophen _____ Benadryl _____ Pamprin/Midol

Prescription Medications: *You must complete this portion if your child will be taking any prescription 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.*

_____ *My child is not taking any prescription medicine at this time. If this changes on the day of the event, the original prescription bottle must be sent with ONLY the dosage needed for the duration of the trip.*

_____ *My child **IS** taking prescription medicine as indicated below. Inhalers should be listed, but will not be collected by ETS staff at intake. They will be the responsibility of the student to use as needed. Details on*

Name of medication _____ Dose & Time(s) _____

For treatment of _____ Possible side effects _____

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For treatment of _____ Possible side effects _____

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

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 Minnesota State University, Mankato and Educational Talent Search, Mankato and ETS staff.

Parent Signature _____

Date _____