

MEDICAL INFORMATION FORM
GOVERNOR'S SCHOOL OF ENGINEERING AND TECHNOLOGY
JUNE 29 - JULY 19, 2008

STUDENT'S NAME: _____

During your daughter's/son's residence on the Rutgers campus for Governor's School, the following policies will apply:

-For emergency care, students will be taken to the closest hospital by a member of our staff if it is judged by that staff member that emergency care is necessary. When on campus, this is either St. Peter's or Robert Wood Johnson, both in New Brunswick, New Jersey. Every effort will be made to contact you by phone using the numbers provided below. If we cannot reach a parent/guardian and the emergency is judged by our staff to be urgent, your signature below gives us permission to use the accompanying *Permission To Diagnose and Treat* form so that your child receives the necessary care. By signing, you also agree to pay all bills incurred during the treatment.

-There are no on-campus health facilities available to the students during the program. Further, we are unable to transport students to doctors for non-emergency care. Should the need arise, a member of our staff will consult you in responding to non-emergency medical conditions.

-For your child's well-being, we ask that you voluntarily provide us with any information about your child's medical conditions or history that may become relevant during the program. This information will be closely guarded by our staff and will be used only for the safety and comfort of your child.

Relevant Medical Conditions:

Pharmaceuticals he/she will be taking during the program:

(CONTINUED ON SECOND PAGE)

Allergies (pharmaceutical or otherwise):

Child's Medical, Dental, and Prescription Insurance Information:

Additional Information:

Emergency Contact Information for Parents, as well as at least one additional person.
(Please include both home and mobile phone numbers, as applicable. If the person regularly checks their email, please include an email address as well. Email will only be used if the emergency contact is not answering his/her phone):

(Student's Name- Please Print)

(Parent/Guardian Name- Please Print)

(Parent/Guardian Signature)

(Date)