

# emergency contact and medical information form

As stated in the *Preview Weekend 2011 Event Agreement and General Release* above, I have request and authorized IIT and any officer, employee or agent of IIT to secure any and all necessary emergency medical treatment for me should I suffer injury or illness while participating in the Activity. In furtherance of this request and authorization, I am providing the following information, which I represent is accurate and may be relied upon by any of the foregoing parties seeking to secure me medical assistance:

## **Emergency Contact Information:**

Student Name: \_\_\_\_\_

Name of Emergency Contact: \_\_\_\_\_

Relationship of Emergency Contact: \_\_\_\_\_

Phone Number of Emergency Contact: \_\_\_\_\_

## **Health Insurance:**

Name of Health Insurance Company: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_

Policy Number: \_\_\_\_\_

## **Medical Health:**

Current Medication I Am Taking: \_\_\_\_\_

Medical Conditions/Allergies I Have of Which Emergency Assistance Providers Should Be Aware: \_\_\_\_\_

I freely and knowingly authorize IIT to use any and all of the information that I am providing herein, including, but not limited to medical information, in whatever manner IIT deems necessary to render assistance to me in the event of medical emergency.

**I have read this statement; I fully understand it and I agree to be legally bound by it.**

\_\_\_\_\_  
Finalist (please print)

\_\_\_\_\_  
Finalist's Legal Guardian (please print)

\_\_\_\_\_  
Finalist's signature

\_\_\_\_\_  
Finalist's Legal Guardian's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date