

**Medical Information,  
Consent for Emergency Medical Treatment &  
Emergency Contact Information Form**

**Participant Name** \_\_\_\_\_  
Date of Birth \_\_\_\_\_

**Medical Insurance**

Is the participant covered by medical/hospital insurance?     Yes     No  
If so, list the policy/group number:

Carrier Name \_\_\_\_\_  
Name of Insured \_\_\_\_\_  
Relationship of Insured to Participant \_\_\_\_\_

**Medical Information**

Primary Care Physician \_\_\_\_\_  
Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City, State and Zip Code \_\_\_\_\_

Does the participant have any chronic or acute medical conditions that would require any accommodation to permit participation in the program/activity?     Yes     No  
If yes, please explain.

Please list any medications that would need to be administered to participant in case of an emergency.

Please list any allergies to medications, food, pollen, insect bites, etc. and/or other dietary restrictions, and indicate if participant carries an EpiPen for allergic reactions.

Please list any other special needs or medical issues that would be important for caregivers to know about in case of an emergency.

Participant Home Phone \_\_\_\_\_  
Participant Cell Phone \_\_\_\_\_

**In Case of Emergency, Please Notify**

Primary Contact's Name \_\_\_\_\_  
City \_\_\_\_\_  
Relationship     Parent     Legal Guardian     Sibling  
 Other, describe \_\_\_\_\_  
Home Phone \_\_\_\_\_    Alternate Phone \_\_\_\_\_  
Email Address \_\_\_\_\_

**AND/OR**

Secondary Contact's Name \_\_\_\_\_  
City \_\_\_\_\_  
Relationship  Parent  Legal Guardian  Sibling  
 Other, describe \_\_\_\_\_  
Home Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_  
Email Address \_\_\_\_\_

**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 wellbeing 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 program/activity)

Signature \_\_\_\_\_  
Date \_\_\_\_\_  
Parent/Guardian Name Printed \_\_\_\_\_

## Maintenance of Medical Information

This Medical Information, Consent for Emergency Medical Treatment & Emergency Contact Information Form is provided as a sample document for Program Sponsors and/or Program Directors. While collection of certain medical information is important and recommended in order to address the medical needs of your program participants, it is imperative that medical information be collected and maintained in such a way that ensures the protection of privacy for your participants.

The following guidelines should be addressed in your medical information collection and maintenance practices:

- Only collect medical information that is necessary given the specifics of your program.
- Dissemination of medical information should be determined by who should have access to certain information and guided by whether each person/role needs that information to discharge his/her responsibilities. There are two closely related concepts:
  - Need to Know - You should be able to clearly articulate why your specified staff roles need access to medical information, and what could go wrong if they did not have that information.
  - Minimum Necessary - You would also need to consider whether you need to disclose all the medical information or just part of it to each role. Functional information is the only information necessary. The actual name of the condition is not required for everyday precautions (e.g. restricted exercise versus a cardiac deformity).
- Medical information should be collected using paper forms only. They should not be converted to electronic files, and data should not be transferred to an electronic database unless systems/servers storing the information have been thoroughly reviewed by information security officers and deemed secure.
- Medical information documents should be reviewed by staff responsible for the care and welfare of program participants and kept in locked file drawers and binders which are in a secured office or location with limited access by specific senior personnel.
- Be sure to address staff changes immediately with changes to your medical information management process if such staff changes make it necessary or prudent.
- At the conclusion of your program, ensure that all medical information is destroyed. For paper documents, crosscut paper shredding is recommended. Electronic data should be removed from storage securely. Medical information should only be retained if an incident occurred making it necessary and/or prudent to keep information for future resolution of the incident. Such determinations should be made in consultation with Stanford University's Risk Management Department. In such cases, only the relevant data should be retained.
- Medical information or copies of medical information should not be submitted to Stanford Conferences.