**NMT Summer STE2M Experience**

**Medical Information and Treatment Authorization Form**

***No Participant may attend any programs, events, camps or retreats for minors, sponsored by New Mexico Institute of Mining and Technology (New Mexico Tech, NMT), prior to the completion of this form by a custodial parent or a legal guardian. Additional pages may be attached if needed.***

Program Description: The New Mexico Tech Summer STE2M Experience is an opportunity to be a college student, earn college credit, and learn about a specific science or engineering discipline. The Summer STE2M Experience provides a weeklong opportunity for participants to collaborate with fellow students, faculty, and staff who share the same interest in Science, Technology, Engineering, Entrepreneurship, and Math.

**Participant Information**

Participant Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Custodial Parent(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

or Legal Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical Home Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Local Address (if different):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant Phone No.: Mobil \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age of Participant at time of attendance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact Information**

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

Phone Numbers: Mobile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alternate Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Numbers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Personal Physician (Primary Care) Information**

Physician Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Numbers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Insurance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Company Name:

Name of Policy Holder:

Identification No.:

Restrictions on physical activities and/or Required Medications (medications WILL NOT be administered by NMT Staff or Faculty).

Please list:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please Circle any of the following that apply:

Heart Disease \_\_\_Yes

Epilepsy \_\_\_Yes

Diabetes \_\_\_Yes

Asthma \_\_\_Yes

High Blood Pressure\_\_Yes

Other medical information of which NMT should be aware:­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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By signing below, I represent that I am a custodial parent or legal guardian of the Participant indicated above, who is under the age of 18, and that the information provided above is accurate. My signature also represents my permission for treatment by a duly licensed healthcare professional (if medical treatment is deemed necessary) and my acceptance of complete financial responsibility for all medical services rendered to the Participant. I agree to hold harmless New Mexico Tech, its Regents, employees, and agents from any liability and costs associated with any medical care provided.

Parent or Legal Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Parent or Legal Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NMT PERSONNEL RECEIVING COMPLETED MEDICAL INFORMATION FORMS ARE RESPONSIBLE FOR CONFIDENTIALTY OF INFORMATION AND WILL SHRED FORMS AT PROGRAM CONCLUSION, UNLESS MEDICAL TREATMENT WAS PROVIDED.