



MSOE Senior Design Scholars Program Student Emergency Overview Sheet

All information on this form is confidential and for use only by MSOE personnel.

Student (Participant) Information

Student First and Last Name _____

Date of Birth ____ / ____ / ____

Parent or Legal Guardian Information

First and Last Name _____

Street Address _____

ZIP Code _____ E-mail Address _____

Phone # (Day) _____ Phone # (Evening) _____

☐ I am the emergency contact for the participant ☐ I am NOT the emergency contact for the participant

Emergency Contact Information

This section is only required if the parent or legal guardian is NOT the emergency contact OR if you wish to provide a second emergency contact in addition to the parent or legal guardian.

First and Last Name _____

Relationship to Student _____

Phone # (Day) _____ Phone # (Evening) _____

Student Medical Release

If my student should become ill or sustain an injury while participating in this program, I hereby authorize emergency medical care if deemed necessary. I will assume financial responsibility for bills incurred for any medical care in this situation.

The emergency contact(s) will always be contacted first by program staff unless a life-threatening situation is occurring.

Print Name of Parent or Legal Guardian _____

Signature of Parent or Legal Guardian _____

Date _____

Student Medical Release Form continues on Page 2

Student First and Last Name _____

Student Medical History

If your student is bringing medication with them to MSOE, please note this in the dosage and frequency.

Do you need staff to make sure a medication is taken by your child during the program hours?

☐ No – my student can administer their own medication

☐ Not Applicable

☐ Yes – I have provided instructions at the bottom of this page accordingly

MEDICAL CONDITION	YES	NO	DATE OF DIAGNOSIS AND/OR LEVEL SEVERITY OR FREQUENCY	MEDICINE NAME, DOSAGE & FREQUENCY
Asthma				
Congenital Issues				
Diabetes				
Dietary Needs				
Epilepsy				
Environmental Allergies				
Food Allergies				
Heart Problems				
OTHER ILLNESSES				
Current Tetanus Shot?				

Additional comments or special instructions—including accommodations required for food allergies (i.e. contact allergy requiring separate food preparation)
