

# Sample Emergency Contact Information and Consent-to-Treat Form

U.S.-[FOREIGN SITE] Research Experience for Undergraduates (REU)  
Department of ABC  
XYZ University

Participant's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (mm/dd/yy)

Participant's Home Address: \_\_\_\_\_

Participant's Home Phone: \_\_\_\_\_

## Participant's Emergency Contact Information:

In emergency, please contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone/Fax: \_\_\_\_\_

Work Phone/Fax: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

Home Phone/Fax: \_\_\_\_\_

Work Phone/Fax: \_\_\_\_\_

Personal Physician: \_\_\_\_\_

Phone/Fax: \_\_\_\_\_

Medical Insurance (include both domestic and international policies, as appropriate):

Carrier: \_\_\_\_\_

ID #: \_\_\_\_\_

Carrier: \_\_\_\_\_

ID #: \_\_\_\_\_

Personal Dentist: \_\_\_\_\_

Phone/Fax: \_\_\_\_\_

**Consent to Treat:**

I, the undersigned participant in the U.S.-[FOREIGN SITE] REU Program, if I am unconscious or incapacitated, do consent to emergency medical treatment as recommended by a physician during my participation in the Program. Additionally, I give my permission for Program administrative staff to authorize appropriate emergency medical treatment as recommended by a physician during my participation in the Program. This authorization shall continue in force until the conclusion of the Program on [DATE].

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Participant's Signature

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Date

If the participant is under twenty-one (21) years of age, a parent or legal guardian through signature below must also give their permission for emergency medical treatment under the above conditions.

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Parent's/Guardian's Signature

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Date

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Parent's/Guardian's Name (printed)

OR

☐ (check box) I refuse to give my consent to emergency medical treatment as recommended by a physician during my participation in the Program. Furthermore, I refuse to give my permission for Program administrative staff to authorize appropriate emergency medical treatment.

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Participant's Signature

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Date

If the participant is under twenty-one (21) years of age, a parent or legal guardian through signature below must also refuse their permission to treat the participant in the event of a health or medical emergency.

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Parent's/Guardian's Signature

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Date

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Parent's/Guardian's Name (printed)