

Parental Authorization

Purdue University Medical Authorization for Treatment of a Minor (persons under 18 years).

Pursuant to Indiana Code Paragraph 16-36-1-6 and subject to any limitations listed below, I request and authorize the Purdue University Student Health Center, Purdue University Ambulance Service, Home Hospital, and St. Elizabeth Hospital medical personnel, agents, and employees to provide all reasonably necessary medical care, including but not limited to medical transport, hospital tests, such as pathology, radiology, anesthesia, surgery, and prescription drugs advisable for the health of my child.

I acknowledge that no representations, warranties, or guarantees as to results or cures will be made. Further, I hereby grant permission for my child:

Minor's Name _____ **Date** _____
to attend Computer Science Middle School Summer Camp 2002 by signing below. **A signature from one or both parents/legal guardians is required.**

Signature Parent/Legal Guardian

Signature Parent/Legal Guardian

Medical Conditions _____

Current Medications _____

Allergies _____

Date of Last Tetanus Shot _____

Emergency Contact

Contact First
Name _____

Relationship to Participant _____

Day Phone _____

Night Phone _____

Contact Second
Name _____

Relationship to Participant _____

Day Phone _____

Night Phone _____

Registration -- Computer Science Middle School Summer Camp 2002

July 7--13, 2002

Registration Deadline Monday, May 27, 2002

Name _____
Last Middle Last
Address _____
City _____ State _____ Zip _____
Home Phone (_____) _____ Grade (as of Fall 2002) _____
School _____ Age _____
Roommate Name _____

*(Must be mutual. Applications **MUST** be returned together. Double occupancy only.)*

☐ *I require auxiliary aids and services due to a disability. Please contact me at the above address.*

☐ Girls' Camp, July 7 - 10 - \$225

☐ Boys' Camp, July 10 - 13 - \$225

☐ I need _____ additional Recognition lunch tickets at \$10.50 each

Send check or money order payable to **Purdue University** or charge to (check one):

☐ MasterCard

☐ VISA

☐ Discover

Account Number _____ Expiration Date _____

Name of card holder (please print) _____

Authorized Signature _____

Total Enclosed \$ _____

Duplicate this application as needed and return to:

Business Office, Conference Division

Purdue University

1586 Stewart Center, Room 110

West Lafayette, IN 47907-1586

or fax with credit card information to: (765) 494-0567

Purdue University is an equal access/equal opportunity institution