

# IUP Practicum in Biotechnology

## Participant's Medical Authorization Form

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<b>Last Name</b>	<b>First Name</b>	<b>MI</b>	
<hr/>			
<b>Street Address</b>	<b>P.O. Box Apt./Suite#</b>	<b>Other</b>	
<hr/>			
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Country</b>
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<b>Age</b>	<b>Sex</b>	<b>Phone #</b>	

*In the event of an emergency, please provide contact information:*

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<b>Contact Name</b>	<b>Work Phone</b>	<b>Cell Phone</b>
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<b>Contact Name</b>	<b>Work Phone</b>	<b>Cell Phone</b>

### HEALTH HISTORY

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**List Operations/Serious Illnesses/ Chronic or Recurring Illnesses /Other Diseases Special Problems**

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**Describe if currently under medical care?**

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**If currently on medication, then please list them and the dosage amount: List Allergies**

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**List all that may apply:** *Example: Ear Infections, High Blood Pressure, Asthma, Bleeding/Clotting, Chicken Pox, Measles (3 day / 9 day), Diabetes, Mumps, Heart Defect/Murmur, Convulsions, Other.*

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**Physician Name Physician Phone Number**

**Medical Insurance:** IUP does not provide medical insurance for campers. In the event of illness or injury requiring treatment, hospitalization, and/or surgery, the family's medical insurance must be used. In the event that medical care is needed, referral will be made to the Indiana Regional Medical Center.

I hereby consent to any and all health services necessary to the Indiana Regional Medical Center's emergency room. I give authority and power to any such physician/surgeon to render any and all health services that may be deemed necessary or advisable. I understand in case of serious accident or illness every effort will be made to contact me. I understand I will be responsible for any costs or care not provided. I understand there is risk of injury for my son or daughter while participating in this camp, and I hereby voluntarily assume all risks associated with participation and agree to exonerate and release IUP, its agents, servants, trustees, and employees from any and all liability.

**Parent/Guardian:** By accepting and mailing this form to the IUP Research Institute - I understand it serves as my approval and proves I have read and understand the statements above. This form must be on file in order for the camper to participate. Please mail this form to: IUP Research Institute, Attn. Biotechnology Summer Camp; 1179 Grant Street, Suite One, Indiana, PA 15701 or you may email it to: [research-institute@iup.edu](mailto:research-institute@iup.edu). Should you have any questions, please contact us at 724-357-3934 or 724-357-2223.