IUP Biotechnology
Summer Camp
Participant's Medical Authorization Form

Last Name **First Name** **MI**

Street Address **P.O. Box** **Apt./Suite#** **Other**

City **State** **Zip Code**

Age **Sex** **Home Phone** **Camp and Date(s)**

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

Contact Name **Work Phone** **Cell Phone**

Contact Name **Work Phone** **Cell Phone**

HEALTH HISTORY

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

Describe if currently under medical care?

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

List Allergies

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.*

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.

_**X**_ **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. Should you have any questions, please contact us at 724-357-3934 or 724-357-2223.