DOiT Camp 2020 Parental Authorization

All information on this form MUST be completed in order to guarantee a place in the camp.

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

Pursuant to Indiana Code Paragraph 16-36-1-6, I request and authorize the Purdue University Student Health Center, Purdue University Ambulance Service, Franciscan Saint Elizabeth Health - Lafayette East, and Indiana University Health Arnett, medical personnel, agents, and employees to provide all reasonably necessary medical care advisable for the health of my child, including but not limited to medical transport, hospital tests, such as pathology, radiology, anesthesia, evaluation and treatment by physicians, including surgery, and prescription drugs. I acknowledge that no representations, warranties, or guarantees can be made with respect to any medical care or treatment provided.

I also understand that, as a result of my child's participation in this program, it will be necessary for supervisors, coaches, residence hall personnel, and others involved with the program to have access to relevant medical information pertaining to my child, and I authorize the use and disclosure of my child's medical information to promote a safe and healthy experience for my child.

Further, I hereby grant permission for my child: **Minor's Name**_____ **Date** _____ to attend the DOiT camp by signing below. **A signature from one or both parents/legal guardians and a witness signature is required.**

Signature Parent/Legal Guardian *(required)* _____

Signature Parent/Legal Guardian/Witness *(required)* _____

Medical Conditions _____

Current Medications _____

Allergies _____

Date of Last Tetanus Shot _____

(If date not supplied, child may be required to obtain a tetanus shot if injured.)

EMERGENCY CONTACT

Contact First - Name _____

Relationship to Participant _____

Day Phone _____

Night Phone _____

Contact Second - Name _____

Relationship to Participant _____

Day Phone _____

Night Phone _____

Participant Cell #_____

Signing this form gives permission for use of my child's photo for marketing purposes. No names or addresses will be released.

Signature Parent/Legal Guardian_____