

# 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, IU Health Arnett Hospital, and Franciscan St. Elizabeth Hospital 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, counselors, 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 2016 Purdue Polytechnic TEAM camp by signing below. Signatures from one or both parents/legal guardians and a witness signature is required.

\_\_\_\_\_  
Signature Parent/Legal Guardian (required)

\_\_\_\_\_  
Signature Parent/Legal Guardian/Witness (required)

## HEALTH INFORMATION

Medical Conditions \_\_\_\_\_

Current Medications \_\_\_\_\_

Allergies \_\_\_\_\_

Date of Last Tetanus Shot \_\_\_\_\_

Physician's Name \_\_\_\_\_

Physician's Phone \_\_\_\_\_

## EMERGENCY CONTACT

First Contact - Name \_\_\_\_\_

Relationship to Participant \_\_\_\_\_

Day Phone \_\_\_\_\_ Night Phone \_\_\_\_\_

Second Contact - Name \_\_\_\_\_

Relationship to Participant \_\_\_\_\_

Day Phone \_\_\_\_\_ Night Phone \_\_\_\_\_

## QUESTIONS?

Contact **Toni Munguia**  
*Director of Recruitment,  
Retention & Diversity Programs*  
(765) 494-7522  
amunguia@purdue.edu

This program is sponsored by John Deere.

**PURDUE**  
POLYTECHNIC

EA/EOU



*Technology Expanding All Minds*  
June 26-30, 2016

**BE PART OF THE  
TEAM**

**PURDUE**  
POLYTECHNIC

# TEAM

Women are making their mark in a wide variety of technology fields such as animation, computing, applied engineering, aviation, construction management and leadership. Visit Purdue this summer to explore the many ways you can use technology to make a difference in the world.

You will join other female students to experience how technology involves creative thinking, teamwork, and innovation. This residential camp inclusive of hands-on labs and academic sessions will provide you with a glimpse of how technology can be used to overcome today's challenges through innovation and creativity.

(for current 8th, 9th, and 10th grade females)

## COST

\$275 per person, including all accommodations, meals, and activities. Scholarship assistance is available for those with financial need.

## REGISTER

Return registration and Parental Authorizations by June 12, 2016. Enrollment is limited to the first 30 to register.

**Mail to:**  
PEC Business Services  
Stewart Center, Room 110  
128 Memorial Mall  
West Lafayette, IN 47907

Or fax with credit card information to:  
Purdue Conference Division (765) 494-0567



# REGISTRATION

**TEAM 2016**

**17911SB**

All information on this form **MUST** be completed in order to guarantee a place in the program. The deadline to register is June 12, 2016.

Name \_\_\_\_\_  
 Last First Middle Initial  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 Home Phone( \_\_\_\_\_ ) \_\_\_\_\_  
 Gender \_\_\_\_\_ Ethnicity \_\_\_\_\_  
 Date of birth \_\_\_\_\_  
 Major (interests) \_\_\_\_\_  
 School \_\_\_\_\_ Grade \_\_\_\_\_ GPA \_\_\_\_\_  
 Name of Roommate Preference \_\_\_\_\_  
 Have you ever attended a Polytechnic camp? \_\_\_\_\_

\_\_\_\_ I require auxiliary aids and services due to a disability. Please contact me at the provided address.

Please inform us of any food allergies or special dietary needs. \_\_\_\_\_

Lunch  
 Student + \_\_\_\_\_ = \_\_\_\_\_ people attending ..... \$ \_\_\_\_\_  
 (Your registration includes lunch for you and a guest. Additional reservations are \$15.  
 Make checks payable to Purdue University.)

Total due..... \$ \_\_\_\_\_

T-shirt size: \_\_\_\_ S \_\_\_\_ M \_\_\_\_ L \_\_\_\_ XL

Payment Method  
 \_\_\_\_ Mastercard \_\_\_\_ Visa \_\_\_\_ Discover \_\_\_\_ American Express  
 Account Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signing this form gives permission for use of my child's photo for marketing purposes. Also, my child is allowed to complete a program evaluation and the results can be published in marketing materials. No names or addresses will be released.

\_\_\_\_\_  
 Signature