

**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, Home Hospital, and 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, 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 **2009 Black & Gold Baseball Camps** 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)*

**EMERGENCY CONTACT**

**Contact First** – Name \_\_\_\_\_

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

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

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

**Contact Second** – Name \_\_\_\_\_

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

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

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

**\*\*\*PLEASE BRING SIGNED FORM TO CAMP REGISTRATION\*\*\***