

Medical Authorization Form

Cheer Clinics and Competitions



ALL INFORMATION ON THIS FORM MUST BE COMPLETED IN ORDER TO GUARANTEE A PLACE IN THE COMPETITION.

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 to attend the Cheer Clinics and Competitions by signing below. A signature from one parent/legal guardian is required.

Further, I hereby grant permission for:

Participant Name (please print)

Date

Age

Parent/Legal Guardian Signature (if under 18) or Participant Signature (if 18 or over) required

Date

Emergency Contact - Required

First Contact - Name _____

Relationship to Participant _____

Phone _____

E-mail _____

Second Contact - Name _____

Relationship to Participant _____

Phone _____

E-mail _____

Signing this form gives permission for use of the participant's image in photos/videos for marketing purposes. No names or addresses will be released.

Parent/Legal Guardian Signature (if under 18) or Participant Signature (if 18 or over) required

Date

Duplicate this application as needed and return to:

Purdue Conferences

Purdue University

Stewart Center, Room 110

128 Memorial Mall

West Lafayette, IN 47907-2034

Fax: (765) 494-0567

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