**University of Pittsburgh**

**Pitt EXCEL Summer Engineering Academy**

**PARENTAL AUTHORIZATION FORM**

**Both sides of this form must be completed, signed by a parent/guardian, and returned by June 28, 2019**

## Print Legibly

1. STUDENT INFORMATION

|  |
| --- |
| Print Student’s Name (Last, First, Middle) Date of Birth    Home Address    City State Zip  ( ) ( )  Home Telephone Number Cellular Number Email Address |

2. PARENT/GUARDIAN INFORMATION

|  |
| --- |
| Parent/Guardian (Last, First, Middle)    Home Address    City State Zip  ( ) ( )  Home Telephone Number Work Telephone Number  ( )  Cellular Number Email Address |

1. PARENTAL AUTHORIZATION

A. I grant full permission for my son/daughter or ward to participate in

Student’s Name (Please print legibly)

The EXCEL Summer Engineering Academy from August 4-17, 2019 at the University of Pittsburgh, and be housed in the University of Pittsburgh student residence halls. I give permission for my son/daughter to be transported during field trips and weekend activities sponsored by the program. I understand that responsible certified personnel will operate all vehicles.

**(OVER)**

B. In the event of an emergency, or an occasion requiring immediate health care, I hereby authorize the EXCEL Program Staff and/or the University of Pittsburgh, Student Health Center to proceed in obtaining treatment for my son/daughter. I authorize the caregiver(s) to release pertinent information to the insurance company assuming the coverage for the same. Furthermore, I assume full financial responsibility for all costs related to the treatment that is not otherwise covered under a family insurance policy. Insurance information is listed below.

Parent/Guardian Signature Date

1. INSURANCE/PHYSICIAN INFORMATION

|  |
| --- |
| Is student covered by a health insurance policy? Yes No    If yes, complete the following:   1. Insurance Company Name: 2. Identification #: Group #: 3. Policy is from employer of: Mother Father 4. Family Physician name and telephone number  1) Does student have a Medical Assistance Card? Yes No 2) Does student have an HMO card? Yes No  If the answer to B1 or B2 is yes, please attach a copy of the card to this page. |

1. MEDICATION INFORMATION

###### Is there any other information that you feel we should know about in regards to your son/daughter’s health (i.e. taking scheduled medication, allergies, asthma, etc.)? If your child is taking scheduled medication, please indicate the name of the medication, the times the medication should be taken, and the dosage amount.