

Parental Authorization

Please Note: ALL information on this form MUST be completed to guarantee a place in the Pre-MASI program.

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, 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) to attend the **2018 Pre-College Molecular Agriculture Summer Institute** by signing below. **A signature from one or both parents/legal guardians and a witness signature are required.**

Parent/Guardian Printed Name: _____
Parent/Guardian Signature (*required*): _____ Date: _____

Additional Parent/Guardian Printed Name: _____
Additional Parent/Guardian Signature: _____ Date: _____

Witness Printed Name: _____
Witness Signature (*required*): _____ Date: _____

Student Information:

Student Name: _____ Birthdate: _____
Grade (As of Jan. 1, 2018): _____ Gender: Male Female
Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: (_____) _____ type: Cell Home

Emergency Contact Information:

First Contact:

Name: _____
Relationship of Contact to Student: _____
Primary Phone Number: (_____) _____ type: Cell Work Home
Secondary Phone Number: (_____) _____ type: Cell Work Home

Second Contact:

Name: _____
Relationship of Contact to Student: _____
Primary Phone Number: (_____) _____ type: Cell Work Home
Secondary Phone Number: (_____) _____ type: Cell Work Home

Student Health Information:

Section A – Physical Record of Participant (required)

	YES	NO
Heart Condition		
Diabetes		
Ear Infections		
Bedwetting		
Allergies to and medication List medicines:		
Food Allergies List specific foods:		
Other Allergies (i.e. dust, pollen, animals) List other allergies:		

Date of last tetanus shot: _____

List Any Activities the participant should avoid (i.e., swimming): _____

Any other medical record information that would be beneficial to know during the program or in an emergency: _____

Section B - Prescription Medication and Over-the-Counter Medicine Information (if applicable)

Complete this section only if prescription or over-the-counter medications are to be administered during the time of the event. Please Note: Medicines must be in original containers.

Name of Medication: _____

Conditions/Illnesses for Medication: _____

Check all of the following that apply:

- _____ Tylenol/Ibuprofen may be administered by event personnel
- _____ Benadryl may be administered by event personnel
- _____ Medication is to be self-administered by student
- _____ Medication is to be administered by event personnel

Dosage: _____) Refrigeration? Yes No

Speciation Instructions/Information: _____

Prescribing Doctor's Name: _____ Phone: _____

Note: This form is to be used as a reference for participants who require any medication (prescription or "over-the-counter"). Administering of the medication is the responsibility of the participant. If health facilities and/or personnel are available at the facility and you prefer the trained personnel to administer the medication, you may request this prior to the event.



TEACHER REFERENCE FORM for
The Pre-College Molecular Agriculture Summer
Institute at Purdue University, West Lafayette

Teachers/Advisors Eligible to Complete Reference Form:

A teacher in any subject considered science or agricultural science who has had the applicant in class or as an advisor. It is not a requirement that the teacher have the student in class, but it is advised that an applicant choose a teacher who can accurately and completely answer the following form. *Please note: References may not complete forms for their own kin. Homeschooled students should contact (765) 494-8470 to receive advice on teacher references.*

Teacher Reference form for (Applicant Name): _____

Name of Teacher Completing Reference Form: _____

Subject Taught by Teacher: _____

How to complete the form:

- Please make sure you complete all sections of this form, and evaluate the applicant honestly and thoroughly. The Purdue College of Agriculture is seeking support and reflection on the applicant’s maturity, character, and academic excellence as it is related to the sciences, mathematics, ability to apply scientific theories, and flexibility.
- Sign and date the form to confirm its validity.
- Complete this form and mail the applicant’s COMPLETED application to the following address – *postmarked by April 15th (please note: a late application is considered disqualified even if this mistake was made by the reference).*

Purdue Agriculture OAP – Pre-College MASI
615 West State St. Room 121
West Lafayette, IN 47906

A.☒ Please rate the applicant’s attributes in the following areas.

	Exceptional	Above Average	Average	Below Average	Unable to report accurately
Analytical Ability					
Initiative/Independence					
Written Communication Skills					
Oral Communication Skills					
Leadership Qualities					
Personal Organizational Skills					
Ability to Work on a Team					
Interest in Science					

B.☒ In comparison to other students I have taught, overall I would rank the applicant as...

- Among the best I have known
- Very good, but not the very best
- Average
- Below Average

C.☑ Please make one selection below to indicate your recommendation for the applicant for the Purdue Agriculture Pre-College Molecular Agriculture Summer Institute

- Highly Recommend
- Recommended
- Recommended with Reservations
- Not Recommended

D.☑ Please write a statement discussing the applicant's strengths and weaknesses, and explaining your ratings for sections A-C. If you have specific examples or outstanding efforts, challenges, or achievements of the applicant it would be helpful to include. Your response is important and will assist the selection committee in ensuring the applicant's ability to be successful in the program. You may write your thoughts in the space below or attach a letter to this form.

- I am attaching a letter to this form.

I have completed this form regarding the applicant with honesty and based on my experiences with the applicant.

Signature: _____ Date: _____