

**FORM #2**  
**PARENT/GUARDIAN INFORMATION FORM**

I understand my child: \_\_\_\_\_ has been awarded a full scholarship to attend the Edinboro Summer Academy for Underrepresented Women in Math and Science at Edinboro University in Edinboro, PA the week of June 20 to 25, 2010. The procedure for students who may become ill during the Academy is:

1. Notify parents/guardians immediately:

Parent/guardian home phone: \_\_\_\_\_ cell/work phone: \_\_\_\_\_

Parent/guardian home phone: \_\_\_\_\_ cell/work phone: \_\_\_\_\_

2. Transport the student to Erie area hospital emergency room
3. Parent/guardian is responsible for all medical costs
4. If your child becomes ill and cannot participate in the Academy activities, you must arrange to transport your child home immediately.
5. If your child becomes ill prior to the Academy, notify Ms. Watson immediately: (814) 732-2400.

If for any reason your child cannot be at Edinboro University prior to 6:00 PM June 20 (Sunday) or must depart prior to 5:00 PM June 25 (Friday), please contact Ms. Watson immediately at (814) 732-2400.

I have read the *Student Instructions, Checklist, and Regulations*

Parent/guardian signature: \_\_\_\_\_ date: \_\_\_\_\_

Parent/guardian signature: \_\_\_\_\_ date: \_\_\_\_\_

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**INSURANCE INFORMATION**

All students attending the Academy must be covered by medical insurance during their time at the program. Fill in the information in *Section I*.

**SECTION I**

Policy owner: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Type of Insurance: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_ Agreement #: \_\_\_\_\_

If your PRESCRIPTION INSURANCE is different from your medical insurance information above, please complete the following:

Prescription Insurance Company: \_\_\_\_\_

Id #: \_\_\_\_\_ Pharmacy Grp #: \_\_\_\_\_