

**Penn State Achievers Program 2014** : Parent Consent Form

Congratulations! You have been selected to attend Penn State's Achievers 2014 program. Achievers 2014 will provide opportunities for you to experience all that Penn State has to offer from classroom experiences and residence halls to dining facilities and beyond. Spaces are limited and requests are filled on a first-come, first-served basis. Your registration is not guaranteed until you receive a confirmation. Handwritten forms will not be accepted.

1. Type your information on this form - *all fields are required unless otherwise marked!*
2. Print the filled-in form
3. Get required signature
4. Fax to Tammy May, Program Assistant: **814-863-7590**

**PARENT/GUARDIAN PERMISSION**

I, the undersigned, as a parent and/or guardian of  ,

First Name

Last Name

give permission for his/her to participate in this Achievers Program sponsored by The Pennsylvania State University. In consideration of such permission, I do hereby agree to release, discharge, and hold harmless The Pennsylvania State University, its officers, agents, and employees of and from all causes, liabilities, damages, claims, or demands whatsoever on account of any injury or accident involving the said prospective student arising out of the student's attendance at the Achievers Program or in the course of activities held in connection with the Achievers Program.

I authorize my child to reside in University housing for this Achievers Program.

I authorize Penn State to photograph, videotape, and/or audiotape my child in promotion of the University or the Achievers Program.

My child and I understand that all University regulations must be followed.

I hereby authorize the clinical staff of University Health Services or other licensed practitioner of the healing arts, acting within the scope of his or her practice under State law, to provide emergency care that includes routine diagnostic procedures (e.g., x-rays, blood and urine tests) and medical treatment as necessary to my minor daughter/ son/dependent.

I understand that the consent and authorization herein granted do not include major surgical procedures and are valid only during the program activities/camp.

Child's physical or emotional health conditions that the clinician should be aware of:

Allergies

Recurring illnesses, disabilities, chronic illnesses, etc.:

Medications

Date of most recent tetanus immunization:

(If more than ten years ago, a booster shot is recommended.)

In the event that an illness or injury would require more extensive evaluation, I understand that every reasonable attempt will be made to contact me. However, in the event of an emergency and if I cannot be reached, I give my consent for physicians and staff at University Health Services or other licensed practitioners of the healing arts to perform any necessary emergency treatment. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes to the appropriate medical care provider. I understand that University Health Services does charge for services and that it is my responsibility to pay the bill. As applicable, I am responsible to submit any claims to my health insurance company for reimbursement.

I authorize The Pennsylvania State University to receive medical/billing information and submit it to the University's insurance carrier.

Child's Name:

First Name

Last Name

### HIPAA

Penn State honors the privacy of the participants in its programs and complies with the national regulations regarding health information. Follow this computer link to the University Health Services [Notice of Privacy Practices](#).

(<http://studentaffairs.psu.edu/health/welcome/confidentiality/noticeOfPrivacyPractices.shtml>)

I understand that, unless specifically stated otherwise in the Penn State program/camp literature, The Pennsylvania State University **does not** provide medical insurance to cover emergency care or medical treatment of my child.

Name of emergency contact

Phone no.

(Not Required)

Name of family physician

Phone no.

Parent's/ legal guardian's Printed name

Parent's/legal guardian's Signature

(Not Required)

Parent's/ legal guardian's Health Insurance company

(Not Required)

Policy subscriber's name

Policy no.

Group no.

### ADDITIONAL ACHIEVERS INFORMATION

Student Confirmation Number (from online registration for Achievers Program 2014):

Please check one location where you plan to depart from:

- Baltimore, MD – Camden Yards on Howard Street
- Maryland/DC – Greenbelt Metro Station
- New York, NY – Lincoln Center at 63<sup>rd</sup> and Columbus Ave.
- Saddlebrook, NJ – Saddle Brook Marriott
- Philadelphia, PA – 16<sup>th</sup> Street, between JFK Blvd. and Market Street
- Pittsburgh, PA – David Lawrence Convention Center
- Harrisburg, PA – Harrisburg Mall
- Providing Own Transportation