



Benjamin Franklin Transatlantic Fellows Summer
Institute – Purdue University

Medical Information Form

I. General Information

Name _____ Date of Birth _____ Gender _____

Permanent Address _____

Parent or Legal Guardian Information

Name _____

Phone Number _____ Fax _____ Email _____

Contact person in case of emergency (if parent is not available):

Name _____

Phone number _____ Fax _____ Email _____

Medical Authorization for Treatment of a Minor (under 18 years)

I request and authorize medical personnel, agents and employees to provide all reasonably necessary medical care including but not limited to medical transport, hospital tests, surgery, and prescription medicine advisable for the health of my child. I acknowledge that no representations, warranties or guarantees as to results of cures will be made. I have also provided complete and true medical history information as requested.

Signature of Parent/Guardian _____ Date _____

Medical History

Information on this form is for project staff only and will be shared only with those who need to know

Please complete all items (NOTE: No need for official medical record from the doctor). If any of the following sections do not apply, please write "None" or "NA" in the space provided.

Reactions or allergies to medications _____

List all medical conditions you are currently receiving treatment or taking medication for (include both physical and psychological conditions)

Surgeries and recent injuries

Current medication _____

Dietary restrictions (brand, drug name, and dosage)

Any social or emotional concerns Institute staff should be aware of _____
