

EMERGENCY CONTACT, MEDICAL, CODE OF BEHAVIOR & COMPUTER ACCESS FORMS

Emergency Contact Information (Please list contact numbers at which you can be reached during the program)

CHILD'S NAME (Last, First)

#1 Emergency Contact Name	#1 Emergency Contact Phone	Relationship to Child
#2 Emergency Contact Name	#2 Emergency Contact Phone	Relationship to Child
#3 Emergency Contact Name	#3 Emergency Contact Phone	Relationship to Child

Drop Off and Pick-Up Information (Please list all individuals authorized to pick-up child from the program. Children will not be released to anyone not designated by parent/guardian)

#1 Name	#1 Phone	Relationship to Child
#2 Name	#2 Phone	Relationship to Child

Medical Information

HEALTH INFORMATION Please describe any medical condition (including allergies, recurring illness, disabilities, etc.)

Please list all medications that your child will be bringing with them.**

Please describe any condition(s) that may require special accommodations for your child to attend our program.***

** Note: Penn State program officials will not dispense over-the-counter or prescription medications to participants. Participants will be allowed to possess and take medications on their own if permission is granted in writing by the parent/guardian. Medications must be in their original containers and listed on this form.
 ***Note: Penn State encourages qualified individuals with disabilities to participate in its programs and activities. Information involving special accommodations must be received by our office in writing at least 1 month prior to the start of the program for which you are registering your child. This information will be kept confidential and revealed only to the necessary staff and health professionals.

Medical Treatment Authorization

In the event that I am unavailable for purposes of providing parental/guardian consent, I hereby authorize emergency medical treatment as deemed necessary for my child. I understand that the consent and authorization herein granted does not include major surgical procedures and is valid only during the course of the program.

Family Physician _____ Phone # _____
 Medical Insurance Company: _____ Policy # _____
 Parent/Guardian signature _____ Date _____

I/we give my/our permission for you to release, to the appropriate medical care provider(s), any records necessary for treatment, referral, billing, or insurance purposes. (Please check one) _____ Yes _____ No

Code of Behavior

By signing below, your child agrees to show respect for others and the facilities during the program, agrees to cause no disruptions during the program, and agrees to exhibit proper behavior on campus at all times.

Child's Signature	Parent's Signature
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The Code of Behavior applies to all participants of youth programs at Penn State Lehigh Valley.

- Incident 1 – warning and discussion with student
- Incident 2 – parent discussion
- Incident 3 – student will be withdrawn from the program

Note: Penn State Lehigh Valley reserves the right to dismiss any child who does not adhere to this Code of Behavior.

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(continued)

CHILD'S NAME (Last, First)

Releases

I, the undersigned (parent/guardian) of _____, a minor, ask that s/he be admitted to participate in the youth program sponsored by The Pennsylvania State University. In consideration of such admission 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 minor out of the minor's attendance at the program or in the course of competition and/or activities in connection with the program.

Parent/Guardian signature _____ Date _____

Additionally, I/we authorize Penn State personnel to photograph, videotape and/or audiotape my/our child in promotion of Penn State's Youth Programs.

Parent/Guardian signature _____ Date _____

COMPUTER ACCESS

Proof of Identity of a Minor

The purpose of this form is to provide a means by which a parent or guardian can attest to the identity of a minor (an individual who is under 18 years old). In the event that the parent/guardian cannot accompany the minor, this form provides a way for Penn State to affirm the minor's identity. The minor's identity must be verified at the time he/she is issued a Penn State Short Term Access Account (STAA). The STAA is required for any programs that utilize the computer labs. This form will not be retained by Penn State. Once the minor's identity is verified by Penn State Staff, this form will be shredded at the conclusion of the program.

By signing this form, I affirm that the information shared on this form is true and correct.

Parent/Guardian Signature	Date
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Student Information

Last Name	First Name	MI	Age
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Height: Feet Inches	Hair Color	Eye Color

Parent/Guardian Information (This section must be completed if your child is under 18 years of age)

Your Relationship to the Minor: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian			
Last Name	First Name	MI	
Home Address: Street	City	State	ZIP
Photo Identification Type: <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> Company ID <input type="checkbox"/> Student ID <input type="checkbox"/> Other (Please specify)			
ID Number	ID Expiration		



INTERNET ACCESS CONSENT AND WAIVER FORM

The following form must be read and signed by the participating student and your parent or legal guardian

Student: By signing this Consent and Waiver form, I _____ (print name) and my parent(s) or guardian(s) agree to abide by the restrictions stated below. I have discussed these rights and responsibilities with my parent(s) or guardian(s).

Parent(s) or Guardian(s): I have been advised that The Pennsylvania State University (the “University”) does not have control of the information available through the Internet or other electronic data sources. Sites accessible via the Internet or other electronic data sources may contain material that is illegal, defamatory, inaccurate, obscene, profane, sexually explicit, or potentially offensive to others. While the University’s intent is to make Internet access available to further the educational goals and objectives of its summer programs, students will, without sanction of the University, have the ability to access materials that are not part of the program curriculum.

The student and his or her parent(s) or guardian(s) must understand that student access to the University’s network supports the University’s educational responsibilities and mission. The University makes no warranties with respect to the University’s network service, and it specifically assumes no responsibilities for:

- A. The content of any advice or information received by a student from a source outside the University, or any costs or charges incurred as a result of seeing or accepting such advice.
- B. Any costs, liability or damages caused by the way the student chooses to use the University’s network.
- C. Any consequences of network service interruptions or changes.

By signing this Consent and Waiver form, I (student) agree to the following terms:

- A. My use of the University’s network must at all times be consistent with the University’s “Computer and Network Security” policy, a copy of which is available at <http://guru.psu.edu/policies/AD20.html>.
- B. I will not use the University’s network for illegal purposes of any kind.
- C. I will not use the University’s network to transmit threatening, obscene, or harassing materials. The University will not be held responsible in any way if I participate in such activities.
- D. I will not use the University’s network to interfere with or disrupt network users, services or equipment. Disruptions include but are not limited to distribution of unsolicited advertising, propagation of computer worms and viruses, and using the network to make unauthorized entry to any other machine accessible via the network.
- E. I understand that the use of the University’s network is a privilege and not a right, and that inappropriate use of the University’s network will result in the immediate cancellation of my privilege to use it.

Student Name (please print)		Parent/Guardian Name (please print)	
Student Signature	Date	Parent/Guardian Signature	Date
University Representative (please print)		University Rep. Signature	Date

All forms must be completed and signed in order for your registration to be complete.

<p>Registrations may be mailed or delivered in person to: Penn State Lehigh Valley Registration Office 8380 Mohr Lane P. O. Box 549 Fogelsville, PA 18051</p>	<p>Fax Information to: 610-285-5135 Phone: 610-285-5058 Online Registration and Information: www.lv.psu.edu/CE</p>
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Refunds: If you must cancel or withdraw from a program, please notify our office in writing (mail, email or fax) **3 days** prior to the first day of class. No refunds will be given after the program begins.
Cancellations: The University may cancel any course because of insufficient enrollment or other unforeseen circumstances. If this occurs, students will be notified by phone and no processing fee will be assessed.