PERMISSION FORM FOR ONLINE REGISTRATIONS

Thank you for registering online for the 2008 Summer Math Program for Children. To complete your registration, please fill in this form, and return it to the address indicated below. This form, and any information you provide, will be confidential.

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Student's Last Name First Name M.I.

MEDICAL EMERGENCY FORM AND PARENTAL PERMIT

Bradley University's 2008 Summer Math Program for Children will not be responsible for medical fees. The law requires that parent/legal guardian permission be obtained for operative procedures on minors. The following consent form should be signed by the parent or legal guardian so that unnecessary delays will not occur with operative procedures. However, no operation will be performed, except in an emergency, without parents/guardians being contacted and fully informed. Please print all information.

_____

Child's Physician Physician's Phone

_____

Please indicate child's special medical needs. Include Medic-Alerts (allergies, reactions, etc.)

_____

Name of Parent or Guardian Emergency Contact Phone

_____

Second Emergency Contact Name Second Emergency Contact Phone

_____

Signature of Parent or Guardian Date

Please mail completed form to:
Bradley University Continuing Education
Attn: Debbie Devine
1501 W Bradley Ave
Peoria IL 61625

QUESTIONS OR CONCERNS: Please contact Debbie Devine at 309.677.2820, or devine@bradley.edu