

**SUNY Polytechnic Institute-Liberty
Partnerships Program (SPI-LPP)**

Field Trip Location and Dates:
SUNY Polytechnic Institute
100 Seymour Road
Utica, NY 13502
July 2023 Summer Camps/Programming

**Authorization to Treat and
Medical History Form**

Authorization:

I give permission for my daughter/son/ward _____,
Student Name Age
to be treated by appropriate medical personnel in the event of an illness or injury.

Signature of Parent/Legal Guardian: _____ **Date:** _____

Emergency Contact Information:

Parent/Legal Guardian Telephone Numbers: (Day) _____ (Evening) _____

Other Emergency Contact: _____

Student's Physician/Healthcare Provider: _____ Telephone: _____

Student's Physician/Health Provider's Address: _____

Insurance Carrier

Name of Insurance Company: _____

Address of Insurance Company: _____

Subscriber of Policy: _____ Policy #: _____

Student Information

Student's Name: _____
Last First MI

Date of Birth: _____ Age: _____ Gender: ___ F ___ M ___ Non-binary

Home Address: _____
Street City/Town Zip Code NY State County

Medical History

Please list current or recurring medical or emotional issues that may require the attention of the staff such as but not limited to: allergies, anxiety, asthma, depression, diabetes, eating disorders, hearing or visual impairment, physical disabilities, or epilepsy.

Please list all current medications that this student is taking and explain why: (use back of form if needed)

Please list any allergies that you have, including allergies to medications, and describe the reaction: (use back of form if needed)