



# OFFICE OF CAMPUS VISITS

INDIANA UNIVERSITY-PURDUE UNIVERSITY  
INDIANAPOLIS

## Overnight Experience Program

### CONTACT INFORMATION

It is the aim of IUPUI to have each participant enjoy as complete of an experience as is possible within our capabilities. Your medical history will provide the essential information needed to meet that goal. The history is required primarily to determine what adjustments, if any, should be made in schedules of activities to meet the individual needs of participants, and that the participant may safely participate in those activities. The information will also be used in the event of any participant injuries.

### EMERGENCY CONTACT

LAST NAME, FIRST, MI	RELATIONSHIP
TELEPHONE	ALTERNATE TELEPHONE
HOME STREET ADDRESS	APT. / UNIT
CITY, STATE	ZIP CODE

List any medication that the student is receiving regularly: \_\_\_\_\_



List any health or personal concerns that IUPUI should be aware of in regards to the student: \_\_\_\_\_

\_\_\_\_\_

I declare that my answers and statements are correctly recorded, complete and true to the best of my knowledge.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Relationship to Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Relationship to Participant