Form A: REGISTRATION FORM

SUMMER ENGINEERING INSTITUTE (SEI) 2011

		( )
Last Name	First	Phone

			( )
Address	City	ZIP	Emergency Phone

Parent/Guardian_____Phone: ( )_____

Family Doctor:_____ Phone: ( )_____

1. Physical Condition: Good ☐ Fair ☐ Poor ☐

2. List all medical conditions that we should be aware of, such as allergies, personal medication, (list all medications you are taking now), disabilities, etc. Please use back of page if more space is needed.

3. Health Insurance Information

Insurance Company: _____
Policy Number:_____

4. Other information we should be aware of:

5. High School: _____Address_____

I hereby give my permission for my son/daughter _____, to participate in the Caltrans Summer Engineering Institute from July 10 through July 22, 2011. In the event of an emergency and/or illness, I authorize the SEI staff to transport my child for treatment to the doctor listed above, or to the nearest medical facility.

Parent/Guardian Name (Please Print): _____

Parent/Guardian (Signature): _____ Date: _____

Please return this form **before** June 17, 2011 to: Cañada College Bldg. 9-108
Summer Engineering Institute
4200 Farm Hill Blvd.
Redwood City CA, 94061