IMPORTANT TELEPHONE NUMBERS & INFORMATION

Contact Name: Brenda Nixon  225/578-4082 (W)  225/205-2680 (C)  225/261-8299 (H)
FAX Number: 225/578-4522
Cain Center Number: 225/578-6001
e-mail: bnixon@lsu.edu
Dormitory: McVoy  225/334-2226

Mailing Address: Student’s Name
                 c/o Brenda Nixon
                 LSU
                 Gordon A. Cain Center
                 222 Prescott Hall
                 Baton Rouge, LA 70803

Visit Louisiana State University for a week July 25-29 compliments of the Center for BioModular Multi-Scale Systems at NO COST TO YOU! Meet other high school students attending C³, attend hands-on classes, tour scientific laboratories, and find out what’s going on behind the scenes at LSU! Spend time with the members of SAACS (Student Affiliates of the American Chemical Society) to learn more about campus life and what LSU has to offer! Wear comfortable clothes! This is a “walking campus” and you’ll be kept busy! We ask that social security numbers be provided as that is the only way we can purchase meal cards. We also need your permission notarized.

DAY STUDENTS
Students who live within the surrounding parishes of the university will attend the program each day from 8:00am-3:00pm. The LSU Laboratory School entrance on Dalrymple will be the location for drop-off and pick-up by the supervising teacher or parent/guardian. Students will receive a meal card to purchase lunch each day (up to $8.00).

RESIDENTIAL PROGRAM FOR THOSE WHO LIVE OUTSIDE A 50 MILE RADIUS OF BATON ROUGE
Students whose supervising teachers live outside the region and are staying on campus will also reside on campus from the evening of Sunday, July 24 through the Friday afternoon of the 29th in the McVoy Dormitory. All meals and housing will be provided. Meal cards will be issued, and students will be able to use those cards to purchase breakfast, lunch and dinner (up to $26 daily) on campus. Several evening activities are planned to keep everyone busy! Supervision of all students will be ongoing and all activities will be safe and as risk-free as possible.

MAIL this completed application to:
Brenda Nixon
LSU
Gordon A. Cain Center
222 Prescott Hall
Baton Rouge, LA 70803

Please make a copy of this completed packet for your records.
ACCEPTANCE FORM
(Please Print)

Last Name       First        MI        Social Security #

Street           City        State       Zip code

Phone number

Please confirm your acceptance:

☐ I am a high school student and accept the invitation to participate in the C3 program at LSU Baton Rouge from July 25-29, 2005. I agree to abide by the regulations of the University as well as the program; in particular, I will attend the program for its full duration of five days and act responsibly at all times. I will review the rules and regulations enclosed with this letter. I will complete all forms and provide the necessary information as detailed in this packet, and I agree to the conditions of participation.

________________________________________________________________________
Student’s Signature

________________________________________________________________________
Date

I will be a DAY Attendee___ I will be a RESIDENTIAL Attendee and spend the week on campus___

Please make a copy of this completed packet for your records.
PERSONAL DATA FORM
(Please Print)

Complete and return with your Acceptance Form.

Name

Address     City    State    Zip Code

Home Phone Number

Parent/Guardian Work Number

Parent/Guardian Work Number

Date of Birth

Age

Gender

Name of High School

School Address

Please provide the name and address of your hometown newspaper.

Name

Address     City    State    Zip Code

Please make a copy of this completed packet for your records.
PERMISSION FORM
(Please type. This form must be NOTARIZED)

I, ________________________________, am allowing
(Parent name)

______________________________ to participate in the
(Student name)

2005 Chemistry Concepts and Connections program at Louisiana State University, July 25-29, 2005. I am aware that he/she will be governed by the University rules and regulations. I further understand that he/she will be given emergency medical treatment as needed if I cannot be reached for my consent.

I authorize, Brenda Nixon, Program Coordinator, or other appropriate authority to render medical services as necessary through the use of the University Infirmary, local doctors and hospitals.

________________________________________  ______________________________________
Signature of parent                        Signature of student

________________________________________  ______________________________________
Print name                                 Print name

________________________________________  ______________________________________
Date                                      Date

I ____________________________________________ witness this day of ___________ 2005 that this
is the parent of and the student of the above mentioned.

________________________________________
Notary Signature                           Date

Please make a copy of this completed packet for your records.
# MEDICAL AND EMERGENCY INFORMATION FORM

(Please Print)

<table>
<thead>
<tr>
<th>Last name</th>
<th>First</th>
<th>MI</th>
<th>Social Security Number</th>
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In the event of a medical emergency, the University will make every effort to reach the person designated as an emergency contact before using the authorization below. In case we are unable to communicate with the emergency contact person immediately, your signature on this optional authorization may assist in obtaining necessary medical care.

**Choose EITHER A or B:**

- **A)** To prevent dangerous delay in the event of an extreme emergency requiring hospitalization and/or surgery, I hereby authorize the Program Coordinator or appropriate authority, of the Louisiana State University program to secure whatever treatment is deemed necessary for my child including the administration of an anesthetic and/or surgery.

  OR

- **B)** I do not authorize Louisiana State University to secure medical treatment on my child’s behalf.

Please indicate the person(s) to be contacted in case of an emergency. An alternate, preferably a relative, authorized to act on your behalf should be designated in the event we are unable to reach you. In addition, you must provide an immunization record with current Tetanus shot.

**Parent Information**

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<thead>
<tr>
<th>Name of Parent/Guardian</th>
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<tr>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip code</th>
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<tbody>
<tr>
<td>Home telephone number</td>
<td>Work telephone number</td>
<td>Alternate telephone number</td>
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**Alternate Contact**

<table>
<thead>
<tr>
<th>Name of Parent/Guardian</th>
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</table>

**Parent /Guardian**

Date

**Insurance Company**

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<th>Type of Plan:</th>
<th>Private</th>
<th>Group</th>
<th>Hospitalization</th>
<th>Surgery</th>
<th>Major Medical</th>
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</table>

**Name of Employer**

Company Telephone number

*Please make a copy of this completed packet for your records.*