

**U.S. DEPARTMENT OF ENERGY
2004 National Middle School Science Bowl**

Coordinator Confidential Medical Information and Emergency Notification Form

Name _____ Birth Date _____

Sex: M _____ F _____

Street Address _____

City _____ State _____ Zip _____

Home Telephone () _____ SSN _____

Date of Last Tetanus Shot _____ Drug Allergies (✓ none or list): _____

Physician/HMO _____ Phone Number () _____

Medical Conditions or Previous Surgery (✓ none or list): _____

Regular Medications (✓ none or list): _____

Special Dietary Requirements (include food allergies) (✓ none or list): _____

Vegetarian: (✓) YES or NO

Special Physical and /or Transportation Needs (✓ none or list): _____

EMERGENCY NOTIFICATION INFORMATION

Emergency Contact (Required) _____ Phone () _____

Relationship to Coordinator _____

Medical/Hospital Insurance Carrier _____ Policy # _____

MEDICAL CARE and PUBLICITY CONSENT

I hereby authorize and consent to the administration of all medical and/or surgical treatment(s) by a licensed physician or hospital in the event I am not available to consult with the attending physician(s) and the attending physician(s) deem it advisable to proceed with such treatment(s). **I give permission to be photographed and videotaped at the National Middle School Science Bowl and for photographs and videos to be used for standard publicity purposes. Please sign this form using blue ink.**

Coordinator Signature _____ **Date** _____

FedEx Original by May 17, 2004 to Linda Lung, NREL 1617 Cole Boulevard, MS 1713, Golden, CO 80401-3393, 303 275-3044