

## 2005 NATIONAL MIDDLE SCHOOL SCIENCE BOWL

### Student Confidential Medical Information, Emergency Notification, Parental Consent for Student Participation and Media Release Form (Please complete and sign this form using blue ink.)

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Sex: M \_\_\_\_\_ F \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone ( ) \_\_\_\_\_ SSN \_\_\_\_\_

Physician/HMO Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

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

Medical Conditions or Previous Surgery \_\_\_\_\_

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): \_\_\_\_\_

#### FAMILY INFORMATION

Father's Name \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Legal Guardian (if applicable) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Emergency Contact (Required) \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Relationship to Student \_\_\_\_\_

I do not have medical coverage.

Medical/Hospital Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

**CONSENT TO MEDICAL CARE AND TREATMENT**

Parental consent is required before a hospital’s emergency department can give medical treatment to a minor. Every effort will be made to contact parents, but a completed consent form will expedite treatment.

I hereby authorize and consent to the administration of all medical and/or surgical treatment(s) to my child by a licensed physician or hospital in the event I am not available to consult with the attending physician(s), attempts to contact me have been unsuccessful, and the attending physician(s) deem it advisable to proceed with such treatment(s). Please complete and sign this form using **blue ink**.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

**PARENTAL CONSENT FOR STUDENT PARTICIPATION**

I, (Mr., Mrs., Ms.) \_\_\_\_\_, the parent or legal guardian, as appropriate, of \_\_\_\_\_, give my consent for him/her to participate in **all** activities associated with the Department of Energy 2004 Regional and/or National Middle School Science Bowl competitions.

I understand that this will include participation in special events and activities related to the Department of Energy 2004 Regional and/or National Middle School Science Bowl competitions, and will include travel under the supervision of the team coach.

**I hereby release and discharge the Department of Energy and the United States Government, their officers, agents, servants, and employees, and persons, firms, or corporations contracting with, or acting on behalf of, the Department of Energy or the United States Government with respect to all activities associated with the Department of Energy 2004 Regional and/or National Middle School Science Bowl competitions, as well as their heirs, executors, administrators, successors, or assigns, from any cause of action of any nature whatsoever arising from my child’s participation in any and all activities associated with the Department of Energy 2004 Regional and/or National Middle School Science Bowl competitions.**

**I give permission for my child to be photographed and videotaped at the National Middle School Science Bowl and for photographs and videos to be used for standard publicity purposes.**

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

**FedEx Original by May 17, 2004 to Linda Lung, NREL 1617 Cole Boulevard, MS1713, Golden, CO 80401-3393, 303 275-3044**