

2004 NATIONAL MIDDLE SCHOOL SCIENCE BOWL

Student Confidential Medical Information, Emergency Notification, Parental Consent for Student Participation and Media Release Form

Name _____ Birth Date _____

Sex: M _____ F _____

Street Address _____

City _____ State _____ Zip Code _____

Home Telephone () _____ SSN winners must provide _____

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 _____

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).

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 Regional and/or National Middle School Science Bowl and for photographs and videos to be used for standard publicity purposes.

Signature of Parent or Legal Guardian

Date

Return originals to Cynthia Feller, Ames Laboratory Public Affairs, 111 TASF, Iowa State University, Ames, IA 50011-3020 by April 1, 2004. Keep copies for your records.