

For the National Finals, all required forms must be received within 2 weeks of the Regional Competition, or by March 15, 2017, whichever occurs first. Failure to submit the required forms on time will result in the participant's loss of eligibility to compete.

**U.S. DEPARTMENT OF ENERGY OFFICE OF SCIENCE
2017 National Science Bowl®
Student Confidential Medical Information and Emergency Notification Form
(Please fill out the entire 3-page form)**

To complete: Click on the space and type in the information requested. Once the form is complete: (1) click "File," then "Save As" and give it a name and save it on your computer; (2) print the completed form; (3) parent/guardian or student (if 18) must sign it in ink; (4) return this form to the coach.

School _____

Name _____ Birth Date _____ Sex: M ____ F ____

Street Address _____

City _____ State _____ Zip Code _____

Home Telephone (____) _____

PLEASE LIST TWO EMERGENCY CONTACTS:

	<u>Primary Contact (#1)</u>		<u>Contact #2</u>
Name:			Name:
Phone:			Phone:
Cell Phone:			Cell Phone:
Relationship:			Relationship:

Allergies

Yes No

If Yes, specify:

____ Medication _____

____ Food _____

____ Environmental _____

Medical History (To include surgeries)

Date of Last Tetanus Shot: _____

(A) Current/Recent Medical History/surgery (within the past 12 months)

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(B) Previous Medical History/surgery (please include ALL medical history beyond 12 months)

Medication Information (Prescribed and Over-the-Counter Medications and Purpose)

Please follow the format listed below.

Current Prescribed Medications – PLEASE PRINT!

Medication/Dosage	Purpose/Used For
(Example: Albuterol/10mg per day)	(Example: Asthma)

Current Over the Counter Medications – PLEASE PRINT!

Medication	Purpose/Used For
(Example: Advil/as needed)	(Example: Headaches)

Physical Limitations/Needs (Please include any assistive devices that need to be provided):

Mobility Limitations _____

Visual Limitations _____

Communications Limitations _____

Dietary Restrictions (vegetarian, kosher, etc.): _____

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Religious or Cultural concerns that may affect care: (e.g. No Blood Transfusions) _____

PHYSICIAN & HEALTH INSURANCE

Physician's Name: _____ **Phone Number:** _____

Do you have Health Insurance? YES _____ NO _____

If Yes, complete the following:

Insurance Company: _____

Policy Number: _____ **Phone Number:** _____

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, nurse 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).

(**Print** Name of Parent or Legal Guardian)

(**Print** Name of Student)

Date _____

Signature of Parent/Legal Guardian (or Student if 18 years of age)

For the National Science Bowl[®] regional event, please return the completed form to the Regional Coordinator.

For the National Science Bowl[®] Finals, return the completed form to:
Ms. Norma Ward ~ Oak Ridge Associated Universities ~ P.O. Box 117/MS-36
Oak Ridge, TN 37831-0117 ~ Phone: 865-241-2890

National forms may also be faxed this secure fax number: (865) 576-4197