

**U.S. DEPARTMENT OF ENERGY
2007 Big Sky Regional Science Bowl®**

**Student Confidential Medical Information and Emergency Notification Form
(Please fill out the entire 2-page form)**

School _____

Name _____ Birth Date _____ Sex: M _____ F _____

Street Address _____

City _____ State _____ Zip Code _____

Home Telephone () _____ SSN _____

(only necessary for National event)

Date of Last Tetanus Shot: _____

Yes	No		If Yes, explain
___	___	Allergies	_____ _____
___	___	Surgeries	_____ _____
___	___	Food Allergies	_____ _____
___	___	Vegetarian	_____ _____
___	___	Physical Needs	_____ _____
___	___	Visual Limitations	_____
___	___	Prescribed Medications	_____ _____
___	___	Over-the-Counter Medications	_____ _____
___	___	Recent Illness	_____
___	___	Health Insurance	<u>UIF YES PLEASE FILL IN INFORMATION BELOW</u>

HEALTH INSURANCE

<u>Physician</u>	<u>Contact</u>	<u>Insurance</u>
_____	Name _____	_____
() _____	Phone () _____	_____
	Policy # _____	_____

CONTACT INFORMATION

<u>Primary</u>	<u>Contact</u>	<u>Secondary</u>
_____	Name _____	_____
() _____	Phone () _____	_____
() _____	Cell Phone () _____	_____
_____	Relationship _____	_____

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 or Legal Guardian in Blue Ink)

NO FAX COPIES