

U.S. DEPARTMENT OF ENERGY
2006 National Science Bowl®
Coach 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 () — _____ SS — — _____

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	_____

IF YES PLEASE FILL IN INFORMATION BELOW

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

CONSENT TO MEDICAL CARE AND TREATMENT

I hereby authorize and consent to the administration of all medical and/or surgical treatment(s) by a licensed physician, nurse 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).

_____ Date _____
(Signature in Blue Ink)

NO FAX COPIES