

U.S. DEPARTMENT OF ENERGY

2006 Oklahoma Regional Science Bowl

Coach's Confidential Medical Information and Emergency Notification Form

Name: _____ Birth Date: _____ Sex: (Check) M F
Street Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ SSN: _____
Physician/HMO Name: _____ Phone: _____
Date of Last Tetanus Shot: _____
Drug Allergies: (Check) None List Below

Medical Conditions or Previous Surgery: (Check) None List Below

Regular Medications: (Check) None List Below

Special Dietary Requirements (include food allergies): (Check) None List Below

Special Physical and/or Transportation Needs: (Check) None List Below

Vegetarian: (Check) Yes No

EMERGENCY NOTIFICATION INFORMATION

Emergency Contact (Required): _____ Phone: _____
Relationship to Coach: _____
Medical/Hospital Insurance Carrier: _____ Policy # _____

CONSENT TO MEDICAL CARE AND 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) and the attending physician(s) deem it advisable to proceed with such treatment(s).

Coach Signature

Date

~~MUST SIGN IN BLUE INK~~
NO FAX COPIES