

County: \_\_\_\_\_ School: \_\_\_\_\_ Team Name: \_\_\_\_\_

## Parental Consent/Medical Information

(Form must be with the advisor during the competition)

Student Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

Parent(s)/Guardian Name(s): \_\_\_\_\_

In case of an emergency, please list all available numbers where you could be reached, **including the area code**.

Father/Guardian Home #: \_\_\_\_\_ Mother/Guardian Home #: \_\_\_\_\_

Work #: \_\_\_\_\_ Work #: \_\_\_\_\_

Cell #: \_\_\_\_\_ Cell #: \_\_\_\_\_

### Information requested below must be completed in full

Allergies (food, drugs, insects, etc.): \_\_\_\_\_

Special medical conditions/concerns (epilepsy, asthma, diabetes, old injuries to bones/joints, etc.):  
\_\_\_\_\_

Medication currently taking (dose and frequency): \_\_\_\_\_

Family Physician Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date of last tetanus booster: \_\_\_\_\_

---

Dear Parent/Guardian:

The law requires that parental/legal guardian permission be obtained for medical procedures performed on minors (under age 18). This consent form must be signed by the parent/legal guardian so that such procedures can be promptly carried out. We will make a genuine attempt to notify you in case of a serious emergency.

I, the undersigned parent/legal guardian of \_\_\_\_\_, hereby permit the attendant staff to perform such diagnostic, therapeutic, and operative procedures for him/her as they deem necessary, and refer him/her to a physician when deemed appropriate. I further permit my/the child treated by a physician and perform any diagnostic, therapeutic, and operative procedures they deem necessary.

X \_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

---

### Video/Picture Release (must be signed)

\_\_\_\_\_ I permit my/the child to be photographed/videotaped for the Envirothon.

\_\_\_\_\_ I do not permit my/the child to be photographed/videotaped for the Envirothon.

X \_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date