



NORTH POCONO INVITATIONAL SCIENCE OLYMPIAD COMPETITION

Parent/Guardian Consent Form and Health Information

School Name: _____

Student Name: _____

I, the undersigned, individually, and as parent(s) and guardian(s) of the child, named above, do grant permission for he/she to attend and participate in the North Pocono Science Olympiad Competition at North Pocono High School on January 27, 2018 or on the respective snow makeup date. In consideration of such participation, I do hereby release, discharge, and hold harmless North Pocono High School, its officers, employees, and volunteers of and from all causes, liabilities, damages, claims, or demands whatsoever on account of any injury or accident involving the said minor arising out of the minor's attendance at the North Pocono Science Olympiad Invitational or in the course of competition and/or activities held in connection with the North Pocono Science Olympiad Invitational. I hereby authorize the staff of North Pocono High School and a Local Hospital to provide care that includes routine diagnostic procedures (i.e. x-rays) and medical treatment as necessary to my minor son/daughter. I understand that the consent and authorization herein granted do not include major surgical procedures and are valid only during the North Pocono Science Olympiad Invitational. In the event that an illness or injury would require more extensive evaluation, I understand that every reasonable attempt will be made to contact me. However, in the event of an emergency, and if I cannot be reached, I give my consent for the staff at North Pocono High School and a Local Hospital to perform any necessary emergency treatment. As long as the medical or surgical treatment is in accordance with generally accepted medical practices and standards for the particular injury or illness involved, I impose no specific limitations or prohibitions regarding treatment other than those that follow (if none, state so):

I understand that I am responsible for the cost of treatment. I authorize my insurance company to pay benefits directly to the health care providers. Also, I authorize the disclosure of medical information to the insurance company for the purpose of submitting a claim.

This authorization is effective for January 27, 2018 or on the respective snow makeup date.

Signature of Parent or Legal Guardian

Date

Medical and Insurance Information

Name of Student: Last Name: _____ First Name: _____

Gender of Student: Male Female

Student's Home Address: _____

City: _____ State: _____ Zip: _____

Student's Home Phone Number: _____

Student's Social Security Number: _____

Student's Birth Date (mm/dd/yyyy): _____

Student's current age : _____

Mother/Guardian's Last Name: _____ First Name: _____

Mother/Guardian's Daytime Phone Number: _____ Evening Phone Number: _____

Cell Phone Number: _____

Father/Guardian's Last Name: _____ First Name: _____

Father/Guardian's Daytime Phone Number: _____ Evening Phone Number: _____

Cell Phone Number: _____

Student's Current Health Conditions: _____

Current Medications: _____

Allergies to medications: _____

Allergies to food/environment/insects: _____

Date of most recent tetanus immunization (mm/dd/yyyy): _____

Name of Family Doctor: _____

Family Doctor Phone Number: _____

Health Insurance Company: _____

Policyholder's Name: _____

Policy Number: _____

Group Number: _____

This form will not be turned in, but must be kept with the coach at all times.