

U.S. DEPARTMENT OF ENERGY
2004 National Middle School Science Bowl

Coach Confidential Medical Information and Emergency Notification Form

Name _____ Birth Date _____ Sex: M _____ F _____

Street Address _____

City _____ State _____ Zip _____

Home Telephone () _____ SSN _____

Date of Last Tetanus Shot _____ Drug Allergies (✓ none or list): _____

Physician/HMO _____ Phone Number () _____

Medical Conditions or Previous Surgery (✓ none or list): _____

Regular Medications (✓ none or list): _____

Special Dietary Requirements (include food allergies) (✓ none or list): _____

Vegetarian: (✓) YES or NO

Special Physical and /or Transportation Needs (✓ none or list): _____

EMERGENCY NOTIFICATION INFORMATION

Emergency Contact (Required) _____ Phone () _____

Relationship to Coach _____

Medical/Hospital
Insurance Carrier _____ Policy # _____

MEDICAL CARE and PUBLICITY CONSENT

I hereby authorize and consent to the administration of all medical and/or surgical treatment(s) 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). **I give permission to be photographed and videotaped at the Regional and/or National Middle School Science Bowl and for photographs and videos to be used for standard publicity purposes.**

Coach Signature _____ Date _____

Return to Cynthia Feller, Ames Laboratory Public Affairs, 111 TASF, Iowa State University, Ames, IA 50011-3020 by April 1, 2004. Keep a copy for your records.