

he completed form for your records.
If your team advances to the NOSB Finals, this form will be required
and you may need to resend it to the National office.***

Student Medical Information and Emergency Notification Form

Name: _____ Birthdate: _____ Sex: M F X
Street Address: _____
City: _____ State: _____ Zip Code: _____
Home Telephone: _____ Cell Phone: _____
Date of Last Tetanus Shot: _____
Drug Allergies: _____
Physician: _____ Phone: _____
Medical Conditions or Previous Surgery: _____
Regular Medications: _____
Special Dietary Requirement (include food allergies): _____
Do you require or prefer a vegetarian Meal: Y N Do you require or prefer a vegan meal: Y N
Special Physical Needs: _____

Family Info _____

Emergency Contact: _____
Cell Phone: _____ Alternate Phone: _____
Relationship to student: _____
Medical/Hospital Insurance Carrier: _____ Policy #: _____
Toll-free number: _____

CONSENT TO MEDICAL CARE AND TREATMENT

emergency department can give medical treatment to a minor.

Every effort will be made to contact parents, but a completed consent form will expedite 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 attending physician(s), attempts to contact me have been unsuccessful, and the attending physician(s) deem it advisable to proceed with such

