

Parent Consent and Medical Information Form
Area 3 and North Carolina Envirothon Competition

County _____ Team Name _____

Student's Name _____

Home Address _____

Parent's Name _____

In case of emergency, we must be able to contact you. Please list a home and work/cell phone number where you can be reached.

Father's Home Phone # (____) _____

Mother's Home Phone # (____) _____

Work/Cell Phone # (____) _____

Work/Cell Phone # (____) _____

All information below must be complete:

Allergies (food, drugs, insects, etc.) _____

Special medical concerns or conditions we should know about (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 _____ (optional)

***** Dear Parent/Guardian, the law requires that parental permission be obtained for medical procedures performed on minors (under age 18). Parents/legal guardians should sign the following consent form so that such procedures can be promptly carried out. We will make a genuine attempt to notify you in case of a serious emergency.

Yes No

I, the undersigned parent/guardian of _____, hereby give permission to the attendant staff to perform diagnostic, therapeutic and operative procedures for him/her as they deem necessary, and refer him/her to a physician when deemed necessary. I further give my permission to have my son/daughter treated by a physician and perform any diagnostic, therapeutic and operative procedures they deem necessary.

****Please be aware that videotaping and/or photographing of your child may occur during all phases of the event and may be used for Envirothon promotional purposes****

Signature of Parent or Guardian

Date

This form is to be used when school or club release forms are not available.
Advisors should keep this form or school medical release form with them at all times during competition.