



MEDICAL CONSENT FORM 2009-10 TOURNAMENTS

Parent/Guardian Consent Form and Health Information

I grant permission for my child, named below, to attend and participate in the Regional Science Olympiad Tournament, the State Science Olympiad Tournament, and the National Science Olympiad Tournament. I understand that reasonable efforts will be made to ensure my child's safety.

If an injury or illness occurs, I understand that reasonable attempts will be made to contact me, time and conditions permitting. 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, please state)

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 in effect for the following periods:

February 12 & 13	Regional Tournament	Tennessee Wesleyan College, Athens, TN
March 26 & 27	State Tournament	University of Tennessee, Knoxville, TN
May 19 thru May 23	National Tournament	University of Illinois, Champaign, Ill

Parent/Guardian Signature: _____ Date: _____

STATE OF TENNESSEE, COUNTY OF _____

SUBSCRIBED and sworn before me, a Notary Public, this _____ day of _____, 20_____

Notary Public _____ My Comm. Expires: _____

Medical & Insurance Information (Copy of Ins. Card Must be Attached)

Name of Child: _____

Social Security Number: _____ Current Health: _____

Current Medication: _____ Allergies: _____

Other: _____

Insurance Company: _____

Address: _____

Policyholder's Name: _____ Policy # _____