

OPTIONAL MEDICAL RELEASE

This optional form may be used to record parental permission for medical and surgical treatment in case medical emergencies arise during a field trip.

We, the undersigned as the parents and legal guardians of

Print Student's Name

hereby grant to the Knox County Board of Education, its employees and agents the authority to seek medical care for our child. We further consent to any and all emergency medical and surgical treatments, including anesthesia and operations which may be deemed medically necessary by any qualified physician selected by agents or officials of the Knox County School Board. The intention thereof is to grant authority to administer and to perform all and singularly any emergency examinations, treatments, anesthetic, operations, and diagnostic procedures which may now or during the course of the patient's care, be deemed medically necessary by any qualified physician. Witness of our consent and agreement to the matters stated above, we have subscribed our signatures below.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

STATE OF TENNESSEE, COUNTY OF

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

My commission expires

Notary

Medical Insurance Company Policy #

If not covered by medical insurance, please check box.

Student's Address Phone

Date of Birth

Father Home Phone

Business Business Phone

Mother Home Phone

Business Business Phone

Family Physician's Name Phone

Address City ST

Allergies or Special Conditions

NOTE: In the event of an emergency medical situation, even with the form, the chaperone will attempt first to contact the student's parent/guardian.

Disposition

Copy to the office Date

Original is retained by teacher and taken on the field trip.



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 # _____



FIELD TRIP PERMISSION 2009 - 10

I grant permission for my child, _____
to attend Science Olympiad event practice at locations other than the Bearden Middle School Campus, and further grant permission for my child to participate in the Regional Science Olympiad Tournament, the State Science Olympiad Tournament, and the National Science Olympiad Tournament at the locations and dates specified below.

I understand that transportation to off-campus event practice will be by private automobile, transportation to the Regional and State Science Olympiad Tournaments will be by Knox County School bus, and transportation to the National Science Olympiad Tournament will be by Premier Coach Lines

Regional Tournament	February 12 & 13, 2010 Tennessee Wesleyan College Athens, Tennessee
State Tournament	March 26 & 27, 2010 University of Tennessee Knoxville, Tennessee
National Tournament	May 19 thru 23, 2010 University of Illinois Champaign, Illinois

Parent or Guardian Signature: _____

Date: _____



COMMITTEE / TEAM SUPPORT - 2009 - 10

Parent Name: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

For our team to be successful, we must have the help and support of all parents who have students on the team. Preparing the team for Regional, State, and National competition requires a tremendous amount of effort and planning.

The following is a list of committees that are necessary to the success of our team. Please volunteer to serve on one, or more, of these committees. Our team needs your help.

Public Relation

Event Help (Event: _____)

Obtaining Motivational Speakers for team meetings

Team Building Activities

Fundraising Board

Web Page Help

Concession Stand

_____ I can work in the concession stand (3:15 - 4:00) on
the following days: M T W T F

_____ I can help purchase items for the concession stand



EVENT COACHING HELP - 2009-10

Parent Name: _____

Phone: _____ Cell Phone: _____

Email Address: _____

In order to be successful in Science Olympiad at the national level we must take our team members to the high school and college level in knowledge in their events. To do this, we must have coaches who are "experts" in each of the events.

It is our desire to have at least two coaches for each of the 23 events.

Please read the descriptions of each of the events. If you have knowledge in any of the events, please volunteer to help coach that event. If you know someone who has knowledge in any of the events, please contact that person to see if they would help coach that event.

_____ I can help coach an event

Name of event: _____

_____ I will contact someone to help with an event

Name of event: _____

INTERNET PERMISSION FORM - 2009 -10

The Bearden Middle School Science Olympiad Team has a website on the internet. This site included information about the BMS Science Olympiad Team, information about Science Olympiad, information and messages to students and parents, tournament information, upcoming events, links to Science Olympiad websites, student work and accomplishments, etc. We would also like to include photos and video clips.

In order to display your child's picture or work on the internet, we must have your permission. Please complete the form below and return it to Mr. Fabian or Mr. Callaway, If you have questions regarding this release form, please call me at 584-1023.

Thank you,
Bob Fabian
Science Olympiad Coach

Student Name: _____

_____ I DO give permission to have my child's picture published on the BMS Science Olympiad website. I understand that it will appear on the internet.

_____ I DO give permission for my child's work and/or accomplishments to be published on the BMS Science Olympiad website. I understand that it will appear on the internet.

_____ I DO give permission to have my child's picture published on the BMS Science Olympiad website in a team or group picture ONLY. I understand that it will appear on the internet.

Name that may accompany any student picture and/or work:

_____ First name only. Name: _____

_____ First and last names. Name _____

_____ Do not use my child's name

_____ I DO NOT give permission for my child's picture and/or work to be published on the BMS Science Olympiad website

Parent Signature _____ Date _____