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