

**U.S. DEPARTMENT OF ENERGY OFFICE OF SCIENCE**  
**2024 National Science Bowl®**  
**Student Confidential Medical Consent Form**

To complete: Click on the space and type in the information requested. Once the form is complete: (1) click "File," then "Save As" and give it a name and save it on your computer; (2) print the completed form; (3) parent/guardian or student (if 18) must sign it in ink or via Adobe Sign; (4) return this form to the coach.

School \_\_\_\_\_

Student Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number (include area code): \_\_\_\_\_

**CONSENT TO MEDICAL CARE AND TREATMENT**

**Authorization to Arrange for Medical Care:**

**I hereby give permission to the U.S. Department of Energy and ORAU to send my child for emergency room treatment and to call his/her primary physician if necessary.**

\_\_\_\_\_  
(Print Name of Parent or Legal Guardian)

\_\_\_\_\_  
(Print Name of Student)

\_\_\_\_\_  
Signature of Parent/Legal Guardian (or Student if 18 years of age)      Date \_\_\_\_\_

*(Parental consent is required before a hospital's 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, nurse or hospital in the event I am not available to consult with the attending physician(s), attempts to contact me have been unsuccessful, and the attending physician(s) deem it advisable to proceed with such treatment(s).**

\_\_\_\_\_  
(Print Name of Parent or Legal Guardian)

\_\_\_\_\_  
Signature of Parent/Legal Guardian (or Student if 18 years of age)      Date \_\_\_\_\_