

U.S. DEPARTMENT OF ENERGY OFFICE OF SCIENCE
2023 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 _____