U.S. DEPARTMENT OF ENERGY OFFICE OF SCIENCE
2027 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)

_____ **Date** _____
Signature of Parent/Legal Guardian (or Student if 18 years of age)

***(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)

_____ **Date** _____
Signature of Parent/Legal Guardian (or Student if 18 years of age)