

U.S. DEPARTMENT OF ENERGY OFFICE OF SCIENCE
2027 National Science Bowl®
Student Medical Release Agreement 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): _____

By completing the Student Confidential Medical Information and Emergency Notification Form, you are choosing to provide the U.S. Department of Energy and ORISE (together with its authorized agents, "ORISE") with personal information. ORISE will use the information provided to administer the student's participation in the National Science Bowl®. For example, ORISE asks that you record the student's sex for student room selection purposes and medical history to coordinate and manage the student's medical needs. ORISE may use and disclose medical information when communicating with health care providers if the student needs a prescription, emergency medical attention, or other health care services.

ORISE is required to protect medical and other personal identifiable information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. Personal information may be subject to disclosure, where ORISE is required by law to disclose or otherwise use such information.

Submitting personal information (name, address, telephone number, medical history, gender, etc.) is voluntary; however, failure to complete this form may result in the student participant's loss of eligibility to compete in the National Science Bowl®.

(Print Name of Parent or Legal Guardian)

(Print Name of Student)

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

Date _____