

*For the National Finals, all required forms must be received within 2 weeks of the Regional Competition, or by March 15, 2014, whichever occurs first. Failure to submit the required forms on time will result in the participant's loss of eligibility to compete.*

**U.S. DEPARTMENT OF ENERGY  
2014 National Science Bowl®**

**Adult Confidential Medical Information and Emergency Notification Form  
(Please fill out the entire 3-page form)**

This is a PDF Form filler document. 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) please sign the form in blue ink.

\_\_\_ Coach    \_\_\_ Co-coach    \_\_\_ NSB Alumnus    \_\_\_ Regional Coordinator    \_\_\_ Other

School \_\_\_\_\_

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

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

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

Home Telephone (    ) \_\_\_\_\_

**PLEASE LIST TWO EMERGENCY CONTACTS:**

	<u>Primary Contact</u>		<u>Contact #2</u>
<b>Name:</b>			<b>Name:</b>
<b>Phone:</b>			<b>Phone:</b>
<b>Cell Phone:</b>			<b>Cell Phone:</b>
<b>Relationship:</b>			<b>Relationship:</b>

**Allergies**

Yes    No

If Yes, specify:

\_\_\_    \_\_\_    Medication    \_\_\_\_\_

\_\_\_    \_\_\_    Food    \_\_\_\_\_

\_\_\_    \_\_\_    Environmental    \_\_\_\_\_

**Medical History (To include surgeries)**

Date of Last Tetanus Shot: \_\_\_\_\_

(A) Current/Recent Medical History/surgery (within the past 12 months)

\_\_\_\_\_  
\_\_\_\_\_

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(B) Previous Medical History/surgery (please include ALL medical history beyond 12 months)

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**Medication Information (Prescribed and Over-the-Counter Medications and Purpose)**

Please follow the format listed below.

**Current Prescribed Medications – PLEASE PRINT!**

<b>Medication/Dosage</b>	<b>Purpose/Used For</b>
(Example: Albuterol/10mg per day)	(Example: Asthma)

**Current Over the Counter Medications – PLEASE PRINT!**

<b>Medication</b>	<b>Purpose/Used For</b>
(Example: Advil/as needed)	(Example: Headaches)

**Physical Limitations/Needs (Please include any assistive devices that need to be provided):**

**Mobility Limitations** \_\_\_\_\_

**Visual Limitations** \_\_\_\_\_

**Communications Limitations** \_\_\_\_\_

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**Dietary Restrictions (vegetarian, kosher, etc.):** \_\_\_\_\_

**Religious or Cultural concerns that may affect care:** (e.g. No Blood Transfusions) \_\_\_\_\_

### PHYSICIAN & HEALTH INSURANCE

**Physician's Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Do you have Health Insurance?** YES \_\_\_\_\_ NO \_\_\_\_\_

**If Yes, complete the following:**

**Insurance Company:** \_\_\_\_\_

**Policy Number:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

### CONSENT TO MEDICAL CARE AND TREATMENT

**I hereby authorize and consent to the administration of all medical and/or surgical treatment(s) by a licensed physician, nurse or hospital in the event I am not available to consult with the attending physician(s), and the attending physician(s) deem it advisable to proceed with such treatment(s).**

\_\_\_\_\_  
**(Print Name)**

\_\_\_\_\_  
**Date**

**Signature in Ink**

For the National Science Bowl<sup>®</sup> regional event, please return the completed form to the Regional Coordinator.

For the National Science Bowl<sup>®</sup> Finals, return the completed form to:  
Ms. Norma Ward ~ Oak Ridge Associated Universities ~ P.O. Box 117/MS-36  
Oak Ridge, TN 37831-0117 ~ Phone: 865-241-2890

**National forms may also be faxed this secure fax number: (865) 241-5219**