



U.S. Department of Energy Solar Decathlon

Emergency Medical Release Form

Notice to all Participants

To avoid any unnecessary delay, we recommend that you fill out and sign this form prior to on-site Event Security ID pick up and registration (currently scheduled for September 27- October 23, 2015). Release of your Event Security ID is contingent upon receipt of this completed and signed form. This information is for use by U.S. Department of Energy Solar Decathlon Event Organizers and Event Staff only in the case of emergency. This record will be destroyed within one week of the conclusion of the Event. If you are a minor (under 18), you must have a parent or legal guardian sign this document in addition to yourself.

Team Member (including Faculty Advisors, Decathletes and Team Crew) ☐ Team Name _____

Organizer (including Jury Members and Observers) ☐ Staff (including DOE Members and Subcontractors) ☐ Media ☐

Name:		Male	Female
Date of Birth:	Month	Day	Year
Address:			
City:	State/Country:		Zip/Postal Code:
Home Phone #:		Mobile Phone #:	
People to be notified in case of an emergency			
Name:			
Home or Mobile Phone #:		Relationship to you:	
Name:			
Home or Mobile Phone #:		Relationship to you:	
Medical Information			
Medical Insurance Company and Phone #:			
Your Medical Doctor's Name and Telephone #:			
Please list any disabilities, health problems, medications or allergies: (use back of form if necessary):			
Date of Last Tetanus Shot:		Do you wear Contact Lenses:	
Do you wear Hearing Aids:			
Do you have any beliefs or other issues that prohibit medical care? (Use back of form if necessary.)			
I authorize the U.S. Department of Energy Solar Decathlon Event Organizers and Event Staff, to release as necessary any and all information included in this form in the event such information is required for emergency treatment of injury or sickness. The undersigned (and parent/legal guardian, if applicable) understands and agrees that medical treatment and payment for medical treatment are his/her responsibility and that neither the U.S. Department of Energy Solar Decathlon officials/organizers, sponsors, nor any other party assumes responsibility for such treatment or payment for treatment.			
Signature:		Date:	
Parent or Legal Guardian Signature (if under 18)		Date:	

[illegible]