

# Student Medical Form

## lexscibowl 2016

*This form will be held confidentially by the LexSciBowl adult supervisors, will only be used in the unlikely event of a medical emergency, and will be securely destroyed after the competition.*

***Please print neatly!***

### Basic Information

School & Team: \_\_\_\_\_

Full Name: \_\_\_\_\_

Birth Date (MM/DD/YY): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Sex: M / F

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

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

Home Telephone: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_

### Emergency Contacts

	Primary Contact	Contact #2
Name		
Phone		
Cell Phone		
Relationship		

## Medical History & Considerations

Allergies (Medication/Food/Environmental/otherwise)? Yes / No

If Yes, specify: \_\_\_\_\_

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

Medical History/Surgeries (especially recent ones):

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Current Prescribed/Over-the-counter Medications:

Medication	Dosage	Purpose/Used for

Dietary Restrictions (vegetarian, kosher, etc.):

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

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## Healthcare and Insurance Info

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

(Parent/Guardian 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).

Parent/Guardian Name: \_\_\_\_\_

Student Name: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_