

**U.S. DEPARTMENT OF ENERGY
2003 National Science Bowl®
and the
2003 Tennessee Science Bowl**

Coaches Confidential Medical Information and Emergency Notification Form

Name _____ Birthdate _____ Sex: M ___ F ___

Street Address _____

City _____ State _____ Zip _____

Home Telephone (_____) _____ SSN _____

Date of Last Tetanus Shot _____ Drug Allergies (X none or list):

Physician/HMO _____ Phone Number () _____

Medical Conditions or Previous Surgery (X none or list): _____

Regular Medications (X none or list): _____

Special Dietary Requirements (include food allergies) (X none or list):

Special Physical and /or Transportation Needs (X none or list): _____

EMERGENCY NOTIFICATION INFORMATION

Emergency Contact (Required) _____ **Phone ()** _____

Relationship to Coach _____

Medical/Hospital Insurance Carrier _____ **Policy #** _____

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 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).

Coach Signature _____ **Date** _____

NO FAX COPIES

(FAX copies will be accepted for pre-registration but ALL originals must be brought to the competition.)