

**U.S. DEPARTMENT OF ENERGY  
2004 National Science Bowl®  
and the  
2004 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.)**