



Health/Emergency Form for Minnesota Science Olympiad Participants

To be completed by a Parent/Guardian. This form will be held by the team coach(es) and in the event of an emergency.

Student Name: _____ Birth Date: _____

Parent(s)/Guardian(s) Name(s): _____

Home Address: _____

Phone Numbers: (Home) _____ (Work) _____ (Cell 1) _____

(Cell 2) _____ Family Doctor/Clinic: _____

Dr. Phone Number: _____ Insurance Carrier: _____

Policy # _____

In an emergency, if unable to contact parent/guardian at numbers listed above, contact

Name: _____ Phone _____

Name: _____ Phone _____

Please make sure these people will be available at the numbers listed during the tournaments.

Does your child have health conditions/allergies/restrictions of which the coach(es) should be made aware? _____

If yes, please list them here. Include symptoms and their management as appropriate:

Will your child be taking any medications while participating in tournaments? _____

If yes, please list the a.) name of the medication(s), b.) dosage and c.) time medication needs to be taken.

To the best of my knowledge the above information given is correct. My child has my permission to engage in all Science Olympiad activities. In the case of an emergency, I understand that the coach(es) will make every attempt to contact me before treatment is given or that I will be notified as soon as possible. I give permission for the coach(es) to transport/authorize ambulance transportation and authorize medical treatment as necessary. Any directions to the contrary should be noted on the back of this paper and signed by the parent/guardian.

Signed, _____ Date: _____