

Medical Information Form for Science Olympiad 2020

I. *Basic Personal Information* (please print)

Today's Date: ___/___/___

Name: _____ Age: _____

Local Address: _____

City: _____ State: _____ Zip: _____

Local Phone Number(s): (____) _____, (____) _____

Height: _____ Weight: _____

II. *Emergency Contact Information*

Person to notify in case of emergency: _____ Relationship: _____

Contact's Phone Number(s): (____) _____, (____) _____

Contact's Address: _____

City: _____ State: _____ Zip: _____

Family Physician: _____ Phone Number: (____) _____

Insurance Provider: _____ Phone Number: (____) _____

Policy Number: _____

(Note: East Georgia State College does not provide insurance/medical coverage for participants)

III. *Medical Information*

Please list any current medical concerns we need to know about your child: (Ex. past injuries, current conditions, physical limitations, etc.) _____

List any allergies your child has (Ex. medications, stings, food, iodine, latex, etc.) _____

List any medications your child is currently taking, their purpose, dosage, and times taken: _____

I understand that my child is voluntarily participating in Science Olympiad 2020 at EGSC. By signing this form, I hereby acknowledge that all information is accurate and current. I understand that East Georgia State College does NOT provide medical insurance for my child and that I should consult my child's physician before allowing my child to participate in this program. In the case of accident or illness, I hereby authorize the trip leader(s) and/or school officials to administer or seek medical treatment for my child, as they see fit. I acknowledge that I am solely responsible for any hospital or other costs arising out of any bodily injury or property damage sustained through my child's participation in such voluntary program.

Name of Participant: _____ Date: ___/___/___

Signature of Participant: _____

Signature of Parent or Guardian, if minor: _____