2012 Maryland Envirothon

Consent for Medical/Surgical/Emergency Treatment and Medical information

To: The Parents of Envirothon Team Members

From: Barry Burch, Maryland Envirothon Chairman
Craig Zinter, Maryland Envirothon Vice-Chairman

Congratulations on your talented child! The Maryland Envirothon plans to challenge your child even further in the areas of natural resources in Maryland. The event we have planned should be both fun and educational.

However, we need your help to make this event the best we can offer. Therefore, we ask that you please take a few moments to fill out the next page to insure we have the necessary information in case of an emergency.

In return, here is the exchange information. The Maryland Envirothon will take place from June 20th – 21st and is being held at the St. James School, in St. James, Maryland. In the case of an emergency, the Main Office (301-733-9330) will deliver messages to group members. PLEASE USE THIS SERVICE FOR EMERGENCIES ONLY. After hours, use extension 3045, from the main phone line.

Please print clearly to ensure correct interpretation of information. Thank you for your input, understanding and assistance.

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Last Name: ______________________ First: ______________________ M.I.: ________

Address: ______________________ City: ______________________ Zip: ________

Telephone # ______________________

D.O.B. ______________________ Sex: M F

Doctor: __________ Telephone: __________ Dentist: __________ Telephone: __________

______________________ Policy # __________ Group # __________

School/Team ______________________ Coach: ______________________

Name of Parent(s)/Guardians(s)/Emergency Contact	Name of Parent(s)/Guardians(s)/Emergency Contact
Name: ______________________	Name: ______________________
Relationship: ______________________	Relationship: ______________________
Employer: ______________________	Employer: ______________________
Telephone: __________ Cell Phone: __________	Telephone: __________ Cell Phone: __________
Email: ______________________	Email: ______________________

List two neighbors or nearby relatives who may assume temporary care of your child **if you cannot be reached**.

1. Name: ______________ Tel. __________

Address: ______________________

Relationship: ______________________

2. Name: ______________ Tel. __________

Address: ______________________

Relationship:

Brothers/Sisters:

Name	D.O.B

Please circle any of the following conditions the participant has:

Asthma Heart Problems

Diabetes Attention Deficit

Seizure Disorder

List and describe any other information regarding the student's health or which would affect the participant's care (disease, handicap, learning disabilities, behavior problems, sleepwalking, sleep apnea/snoring, etc.).

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Allergies To:

Food: ______________________

Medication: ______________________

Insect Bites: ______________________

Hay Fever: ______________________

Sensitivity to Chemicals: ______________________

Environmental Allergies: ______________________

Other: ______________________

Describe Allergic Reations:

____

List any medications the student takes regularly and the reason

Medication: ______________ Hours Taken: ______________ Reason: __________

Medication: ______________ Hours Taken: ______________ Reason: __________

Medication: ______________ Hours Taken: ______________ Reason: __________

Mo/Yr of last Tetanus Shot: __________ Participant's Normal Body Temp.: __________

Please bring medications in labeled pharmacy containers. For students, specific directions should be given to team advisor before departure.

Please check one:

I, the undersigned parent or legal guardian of ______________________ hereby give my permission for him/her to attend the 2012 Maryland Envirothon, and I hereby authorize the 2012 Maryland Envirothon agents or representatives to consent, on my behalf, to any medical/hospital care or treatment to be rendered to him/her upon the advice of any licensed Maryland physician.

I, ______________________, hereby give my permission the 2012 Maryland Envirothon agents or representatives to consent, on my behalf, to any medical/hospital care or treatment to be rendered to him/her upon the advice of any licensed Maryland physician.

I agree to be responsible for all necessary charges incurred by any hospitalization or treatment under this authorization not otherwise covered by insurance. The effective date of this authorization is from __________ until ______________, 2012.

Parent/Guardian/Self signature: ______________________ Date: __________