

EMERGENCY CARE INFORMATION & Media Release

Odyssey of the Mind Tournament, VA Region 9, Oakton High School **DATE: March 4, 2017**

STUDENT'S NAME: _____ **Date of Birth:** _____

Address: _____

Father's Name: _____

Address : _____

Home Phone : _____ Work Phone: _____

Mother's Name: _____

Address (if different from above) : _____

Home Phone : _____ Cell Phone: _____

Legal Guardian : _____

Address : _____

Home Phone : _____ Cell Phone: _____

Physician: _____ **Phone:** _____

Insurance Information (effective on March 4, 2017):

Carrier: _____ Plan # _____ Policy # _____

Medical History

Allergies:

Insect stings _____

Food (please list) _____

Drugs (please list) _____

Medical conditions:

Please list any disabilities/conditions the coach should be aware of: _____

Is your child currently under care of a physician for a medical problem? Yes _____ No _____

If yes, please explain on the bottom or back of this page

List all medications and dosages your child receives on a continual basis or is currently receiving:

Parental Permission:

I give my permission for such diagnostic and therapeutic procedures as may be deemed necessary for my son/daughter by emergency services or hospital personnel. The medical staff has my authorization to provide treatment which a medical professional deems necessary for the well-being of my child. I agree to be responsible for all charges incurred.

Date: _____ Signature: _____ Relationship to student: _____

I hereby give my consent to Creative Competitions, Inc., its affiliates, assignees and its licensees (including VA Region 9) to use my image or my child's image for publicity purposes, for purposes of trade or for any lawful purpose whatsoever.

Date: _____ Signature: _____ Relationship to student: _____