

MEDICAL FORM TO BE COMPLETED BY PARENTS OR GUARDIANS
The Carnegie Mellon University Science Olympiad C Division Invitational

Parent/Guardian must complete this form for **every participant and/or alternate** competing at this invitational.

Student's Name: _____ Birth Date: _____

Parent/Guardian Name: _____

Home Address: _____

Primary Phone Number: _____ Secondary Phone Number: _____

Primary Physician: _____ Phone Number: _____

Insurance Carrier: _____ Policy Number: _____

In an emergency, if unable to reach parent/guardian, contact:

Name: _____ Phone: _____

Name: _____ Phone: _____

Does your child have problems with any of the following? Check all that apply.

	Yes	No		Yes	No		Yes
Asthma	___	___	Environ. Allergies	___	___	Allergy to Insects	___
Seizures	___	___	Hearing Loss	___	___	Sleep Walking	___
Diabetes	___	___	Heart Problems	___	___	Strenuous Exercise	___

If yes, please explain here or on an additional page:

Does your child have any other serious medical problems or has your child been under a physician's care recently? _____

If you answered yes to this question please explain:

Does your child have any: allergies to food? _____
allergies to medications? _____

diet restrictions? _____

Has your child received all the required immunizations? Yes _____ No _____

What was the date of the last tetanus shot? _____

MEDICATIONS

The student **may not** have **any** medications (pill or oral liquid) in his/her possession. This includes over-the-counter medications like Tylenol. All medications must be given to and be held by a school representative, who will administer it according to the written instructions. If students carry an inhaler please attach a note to this form so stating and indicate what may necessitate its use. **All medications must be in the original pharmacy container and must be delivered by the parent or guardian to the Science Olympiad Coach.**

My child may have the following medication if needed. Check all that apply.

Pain relief (Advil) _____ Cough Medicine _____ Antacid _____ Other _____

These should be in original container and labeled with the child's name.

List any prescription medications your child must take on a regular schedule.

Medication	Dosage	How Often?	When?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

To the best of my knowledge the above information given is correct and my child has permission to engage in all Science Olympiad activities. In case of a medical emergency, I understand that I will be notified as soon as possible by the school representative. I hereby give permission to the physician selected by the Director or his designee to hospitalize, secure treatment for and to order injections, anesthesia or surgery for my child as named above. I also give permission for my child's school representative or staff to transport my child to the hospital or medical/dental office if needed. Any directions to the contrary should be specified at the bottom of this form and signed.

Print Name: _____

Signature: _____

Date: _____

This form MUST stay in possession of the Coach on Invitational Day

