MEDICAL FORM TO BE COMPLETED BY PARENTS OR GUARDIANS

For West Virginia State Science Olympiad

Student's Name: _____ Birth Date: _____

Parent or Guardian: _____

Home Address:_____

Phone Numbers (Home) _____ (Work) _____

Family Doctor: _____ Phone: _____

Insurance Carrier: _____ Policy #: _____

In an emergency, if unable to reach parent, contact

Name: _____ Phone _____

Name: _____ Phone _____

Does your child have any problems with the following, check all that apply:

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

If yes to any of these, please, explain here or on an additional page: _____

_____

Does your child have any other serious medical problems or been under a physicians 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? _____

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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 by a specified date to be announced.

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.

Parent/Guardian:

Print Name: _____ Signature _____

Date: _____