



2019 Regional Competitions



*****Please make a copy of the completed form for your records.
If your team advances to the NOSB Finals, this form will be required
and you may need to resend it to the National office.*****

Student Medical Information and Emergency Notification Form

Name: _____ Birthdate: _____ Sex: M F

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: _____ Cell Phone: _____

Date of Last Tetanus Shot: _____

Drug Allergies: _____

Physician: _____ Phone: _____

Medical Conditions or Previous Surgery: _____

Regular Medications: _____

Special Dietary Requirement (include food allergies): _____

Do you require or prefer a vegetarian Meal: Y N Do you require or prefer a vegan meal: Y N

Special Physical Needs: _____

Family Information

Parent/Legal Guardian's Name: _____

Parent/Legal Guardian Cell Phone (required): _____

Work phone: _____

Emergency Contact: _____

Cell Phone: _____ Alternate Phone: _____

Relationship to student: _____

Medical/Hospital Insurance Carrier: _____ Policy #: _____

Toll-free number: _____

CONSENT TO MEDICAL CARE AND TREATMENT

Parental consent is required before a hospital's emergency department can give medical treatment to a minor. Every effort will be made to contact parents, but a completed consent form will expedite treatment.

I hereby authorize and consent to the administration of all medical and/or surgical treatment(s) to my child by a licensed physician or hospital in the event I am not available to consult with attending physician(s), attempts to contact me have been unsuccessful, and the attending physician(s) deem it advisable to proceed with such treatment(s).

Signature of Legal Guardian (if under 18 years old) Date

Signature of Student (if over 18 years old) Date

1201 New York Avenue, NW, 4th floor, Washington, DC 20005

Phone: 202-787-1686 | Fax: 202-332-8887

www.nosb.org



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Parental Consent Form

I, (Mr., Mrs., Ms.) _____,
(Guardian's Full Name)

the legal guardian of _____,
(Student's Full Name)

give my consent for him/her to participate in all activities associated with the 2017 National Ocean Sciences Bowl. I understand that this will include participation in special events and activities related to the 2017 National Ocean Sciences Bowl, and will include travel under the supervision of the team coach.

I hereby release and discharge the Consortium for Ocean Leadership, their officers, agents, servants, and employees, and persons, firms, or corporations contracting with, or acting on behalf of, the Consortium for Ocean Leadership, with respect to the activities of the 2017 National Ocean Sciences Bowl, as well as their heirs, executors, administrators, successors, or assigns, from any cause of action of any nature whatsoever arising from my child's participation in the activities of the 2017 National Ocean Sciences Bowl.

Signature of Legal Guardian (if under 18 years old) _____ Date _____

Signature of Student (if over 18 years old) _____ Date _____

Parental Media Consent

I hereby authorize and give full consent for _____
(Student's Full Name)

to be interviewed, photographed, and/or used in written materials used by the Consortium for Ocean Leadership and any of its affiliated programs. Ocean Leadership may copyright or publish photographs taken and/or statements made by the above signed, both written and verbal. I further agree that Ocean Leadership, or any of its affiliated programs with their permission, may use or cause to be used these statements and/or photographs for any or all exhibitions, public displays, publications and any other promotional venues, without limitation, reservation or compensation.

I understand that any final editing of any interview/photography/written materials done by the news media is not within the control of Ocean Leadership, and Ocean Leadership does not have responsibility for the story that appears on radio/television/newspaper /internet. Written materials, photographs, or video files created by or submitted to Ocean Leadership become the property of this organization and will not be returned to the author/owner/talent.

Signature of Legal Guardian (if under 18 years old) _____ Date _____

Signature of Student (if over 18 years old) _____ Date _____

Regional Recruitment Consent

By checking this box, I understand the regional competition host (university or college) may contact him/her for the purpose of undergraduate recruitment.