



2009 Maryland Envirothon

Consent for Medical/Surgical/Emergency Treatment and Child's Medical information

To: The Parents of Envirothon Team Members

From: Craig Hartsock, 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 two pages 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 16th - 18th and is being held at the Mount Saint Mary's University in Emmittsburg, Maryland. The telephone number there is 301-447-6122. We ask that you call only if there is an emergency.

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: _____
 Insurance Carrier: _____ Policy # _____ Group # _____
 School/Team _____ Coach: _____

Name of Parent(s)/Guardians(s)
 Name: _____
 Relationship: _____
 Employer: _____
 Telephone: _____ Cell Phone: _____
 Email: _____

Name of Parent(s)/Guardians(s)
 Name: _____
 Relationship: _____
 Employer: _____
 Telephone: _____ Cell Phone: _____
 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.).

Allergies To:

Food: _____
 Medication: _____
 Insect Bites: _____
 Hay Fever: _____
 Sensitivity to Chemicals: _____
 Environmental Allergies: _____
 Other: _____

Describe Allergic Reactions:

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.: _____

Specific directions should be given to team advisor before departure. Please bring medications in labeled pharmacy containers.

I, the undersigned parent or legal guardian of _____ hereby give my permission for him/her to attend the 2009 Maryland Envirothon, and I hereby authorize the 2009 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 _____, 2009.

Parent/Guardian signature: _____ Date: _____