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 2015 National Ocean Sciences Bowl. I understand that this will include participation in special events and activities related to the 2015 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 2015 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 2015 National Ocean Sciences Bowl.

__________________________________________________________________

Signature of Legal Guardian

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

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.
Student Medical Information and Emergency Notification Form

Name: ____________________________ Birthdate: ________________ Sex: M F

Street Address: ____________________________________________

City: ____________________________ State: ________________ Zip Code: __________________

Home Telephone: __________________________________________

Cellular Phone: __________________________________________

Date of Last Tetanus Shot: ________________________________

Drug Allergies: __________________________________________

Physician: ____________________________ Phone Number: __________________

Medical Conditions or Previous Surgery: ______________________

Regular Medications: _______________________________________

Special Dietary Requirement (include food allergies): ________________

Do you require or prefer a vegetarian meal: ______________________

Do you require or prefer a vegan meal: __________________________

Do you require or prefer a gluten-free salad: _____________________

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 parent/guardian                        Date