

School: _____ Last Name: _____

**IISPSC
2019**

**MEDICAL INFORMATION AND CONSENT FOR MEDICAL CARE
Due by September 15, 2019**

SCHOOL NAME: _____

INDIVIDUAL INFORMATION (for student, adult coach, or adult chaperone/observer)

First Name _____ Last Name _____

Birth Date _____ Identified Gender _____
(month/day/year)

Contact Information: Cell Phone _____ Email _____

Type of Registration: Competitor Coach/Judge Adult Observer/Chaperone

HOME INFORMATION

For Student or Adult:

Home Address _____

City _____ State _____

ZIP/Postal Code _____ Country _____

Home Phone Number _____

Cell Phone Number _____

For Student:

Parent/Guardian 1 First Name _____ Last Name _____

Parent/Guardian 2 First Name _____ Last Name _____

Parent/Guardian 1 Email _____

Parent/Guardian 2 Email _____

Parent/Guardian 1 Cell Phone _____

Parent/Guardian 2 Cell Phone _____

HEALTH INSURANCE

Company Name _____ Policy Number _____

Other Health Insurance Details (including insurance phone numbers)

School: _____ Last Name: _____

MEDICAL INFORMATION

Please list any medication the student must take during the conference; give specific times and dosages.

MEDICATION	DOSAGE	PURPOSE	TIME(s)
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list all allergies that the student has (and their severity) _____

Does the student carry an Epipen: yes _____ no _____

Dates of most recent immunizations:

Tetanus	_____	Diphtheria	_____	Polio	_____
Measles	_____	Mumps	_____	Rubella	_____
Hepatitis A	_____	Hepatitis B	_____		

*** Please attach copy of current immunization records**

Health History - Please check if the student has a history of any of the following:

<input type="checkbox"/> Asthma	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Emotional Disorders	<input type="checkbox"/> Heart Condition
<input type="checkbox"/> Convulsions	<input type="checkbox"/> Eating Disorders	<input type="checkbox"/> Hay Fever or Hives	<input type="checkbox"/> Stomach Upsets

Other medical illnesses or conditions: _____

Does the student have any illness, injury, or other medical restriction which would affect the student's participation in 2019 IISPC? (specify)

Are there any religious beliefs that limit the administration of medical care to the student? (please explain) _____

DIETARY RESTRICTIONS

Are you a vegetarian: yes no

Please list all food allergies or sensitivities _____

School: _____ Last Name: _____

Please list any other dietary concerns _____

School: _____ Last Name: _____

MEDICAL CONSENT FOR PARTICIPATING STUDENTS UNDER 18):

I am the parent or legal guardian of [_____] (my “child”), who is currently less than eighteen year of age.

I understand that in the United States, in the event of a medical emergency threatening my child’s life or limb, no informed consent is required to treat my child and that emergency medical care will be obtained and rendered to my child. I further understand that if my child’s medical condition is urgent but not life threatening, informed consent is required for treatment, notwithstanding that the customs and requirements concerning consent may be different in other countries. If such a situation occurs and reasonable attempts to reach me for consultation are unsuccessful, then I hereby delegate to [*insert appropriate person from Hotchkiss, BB&N, or IISPSC*] or his/her designee or representative the authority to make on my behalf all medical decisions regarding the care and treatment of my child, including decisions on surgery and the administration of anesthetic, and to give informed consent to such treatment.

I also consent to, and authorize [*insert appropriate person from Hotchkiss, BB&N, or IISPSC*] or his/her designee or representative to provide or procure care and treatment (including administering medication and antibiotics) for my child’s routine health needs or conditions, such as colds, ordinary infections, and minor injuries. I understand and agree that further specific consent will not be obtained at the time the routine care and treatment are provided and I will not receive notice of such routine care and treatment unless [*insert appropriate person from Hotchkiss, BB&N, or IISPSC*] deems it appropriate or necessary.

Signature of Student

Date

Signature of Parent/Legal Guardian 1

Date

Print Name of Parent/Legal Guardian 1

Signature of Parent/Legal Guardian 2

Date

Print Name of Parent/Legal Guardian 2

This form must be completed, signed and sent to David Conti (dconti@hotchkiss.org) no later than September 15, 2019. Under no circumstances will a student delegate, coach or chaperone be allowed to participate without this signed consent form. A form must be completed for each student delegate, coach and chaperone.

School: _____ Last Name: _____

MEDICAL CONSENT FOR ADULTS (for participating students 18 or over and chaperones, coaches, and other participating adults):

I, [_____], am now or will become during the 2019 IISPCS eighteen year of age.

I understand that in the United States, in the event of a medical emergency threatening my child's life or limb, no informed consent is required to treat my child and that emergency medical care will be obtained and rendered to me. I further understand that if my medical condition is urgent but not life threatening, informed consent is required for treatment, notwithstanding that the customs and requirements concerning consent may be different in other countries. If such a situation occurs and I am incapacitated and unable to provide informed consent, and reasonable attempts to reach my emergency contact person, [_____] at [_____] for consultation and consent are unsuccessful, then I hereby delegate to [insert appropriate person from Hotchkiss, BB&N, or IISPCS] or his/her designee or representative the authority to make on my behalf all medical decisions regarding my care and treatment, including decisions on surgery and the administration of anesthetic, and to give informed consent to such treatment.

Signature of Student (18 and older)

Date

Signature of Coach, Chaperone, or Other Participating Adult

Date

This form must be completed, signed and sent to David Conti (dconti@hotchkiss.org) no later than September 15, 2019. Under no circumstances will a student delegate, coach or chaperone be allowed to participate without this signed consent form. A form must be completed for each student delegate, coach and chaperone.

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