

Parental Consent/Medical Release Form- Idaho Envirothon 2013

All information must be completed in full.

Type or print clearly

Please send with Team Registration Form: Deadline – April 5, 2013

Dear Parent/Guardian,

The law requires that parental permission be obtained for medical procedures performed on minors (under 18 years of age). A parent and/or legal guardian shall sign the following consent form so that such procedures can be promptly carried out. We will make every attempt to notify you in case of a serious emergency.

*I, the undersigned parent/guardian of _____
hereby give permission to the physicians and attendant staff to perform such diagnostic, therapeutic and operative procedures for him/her as they deem necessary, and refer him/her to an off-campus physician when deemed appropriate. I further give permission to have my son/daughter referred to a physician off-campus in the event it becomes necessary.*

Date: _____

Signature of Parent/Guardian

Name of Parent/Guardian: _____
(Please print or type name)

Address: _____

Home Tel: _____ Work Tel: _____

Relationship to student: _____
(Parent, foster parent, legal guardian, etc.)

Name of Adviser accompanying student: _____

Additional Comments:

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