

COUNTY _____

ADVISOR, VOLUNTEER, BOARD MEMBER _____

**PENNSYLVANIA STATE ENVIROTHON
MEDICAL INFORMATION**
(Please Type or Print Clearly)

Each advisor accompanying a team participating in the Pennsylvania State Envirothon is required to complete in full the following information:

Name: _____

Home Address: _____

Emergency contact person:

Name: _____ Relationship: _____
(spouse, parent, neighbor, etc.)

Telephone: Day: () _____ Evening: () _____

Health/Accident Insurance Company: _____

Policy Number: _____ Policy Holder: _____

Known allergies: _____
(foods, drugs, insects, etc.)

Special medical concerns or conditions we should know about: _____
(epilepsy, asthma, diabetes, injuries to bones/joints, etc.)

Medications currently taking: _____
(dose and frequency)

Family Physician: _____

Telephone: () _____

Date of last tetanus booster: _____

CONSENT STATEMENT

I, _____, hereby give permission to physicians and attendant staff to perform emergency first aid for me as they deem necessary, and refer me to an off-site physician when deemed appropriate. It is understood that the Pennsylvania Envirothon Board of Directors will exercise reasonable caution in conducting or participating in the event and I agree that they will not be held liable for any accident that may occur.

Signature

Date