



Pennsylvania State Envirothon
ADULT MEDICAL INFORMATION
(Please Type or Print Clearly)

Each ADULT (advisor, volunteer, other) participating in the Pennsylvania State Envirothon is required to complete in full the medical information and photo release forms.

COUNTY/AGENCY: _____

Please designate your position: **Advisor, Volunteer, Bus driver, other:** _____

Name: _____

Home Address: _____

Emergency contact: _____ Relationship: _____
(spouse, parent, neighbor, etc.)

Telephone: Day: _____ Evening: _____

Health/Accident Insurance Company: _____

Group 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