



Pennsylvania Envirothon Student Release/Medical Form

Pennsylvania Envirothon is registering teams competing at the state competition, through an online registration process. The online registration will ease the registration process for all participants (students, coaches, advisors, chaperones, volunteers) and will provide the Pennsylvania Envirothon Registration Committee with accurate participant information. In turn, this will reduce the amount of time spent on collecting and sorting the registration information.

The information entered by the team’s coach, advisor, or chaperone to register a team to compete in the Pennsylvania Envirothon state competition will be available to the Pennsylvania Envirothon’s Registration Committee. It will not be shared with third parties.

In order to participate in the Pennsylvania Envirothon state competition, the following information must be completed by all participants (students, coaches, advisors, chaperones, volunteers) and submitted electronically during volunteer online registration. *Please complete all information and sign where requested!*

Envirothon Participant Information

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

School Participant is Representing: _____ County: _____

Medical Emergency Authorization and Health Information

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 my participating in the Event, and I agree that they will not be held liable for any accident that may occur.

Name of additional emergency contact

Cell Phone number

The following information is provided as an aid to the Event coordinator(s) in dealing with the well-being of the participant.

Health conditions: _____
(epilepsy, asthma, diabetes, physical disabilities, pregnancy, etc.)

Allergies: _____
(foods, drugs, insects, etc.)

Medications/Instructions: _____

Health Insurance: Company Name _____ ID# _____

Family Physician: _____ Phone Number: _____