

Last Name _____ First Name _____

PARENTAL CONSENT FOR MEDICAL CARE FOR A MINOR

Arizona law requires parental consent for medical, surgical, and psychiatric treatment of minors (in Arizona, minors are individuals under *18 years of age). In order for necessary medical care to be arranged for your student while participating in the Arizona Academic Decathlon program, please complete the medical treatment form below and return to your coach who will make a copy for his/her records and send the original to the region coordinator.

Date: _____

I, _____, am the parent or legal guardian of _____, a minor, whose date of birth is ____/____/____.

I hereby give consent to authorized staff of the Arizona Academic Decathlon program to obtain necessary medical treatment for my student while participating in the Academic Decathlon Competition(s).

Parent/legal guardian name: _____

(signature)

Address: _____

Emergency phone: Cell: _____
Work: _____

List below two individuals willing to transport and assume responsibility for the above student in case of illness or accident, if you cannot be reached:

Phone _____
Phone _____

Student Medical Evaluation: YES

Vision Problem ___ Student wears ___Glasses ___Contacts ___Neither
Hearing Problem ___ Students wears hearing aid ___Yes ___No
Convulsions ___ Medication _____
Diabetic ___ Medication _____ Reg/NPH _____ Insulin Dose _____
Asthma ___ Mild/Moderate/Severe Medication _____
Allergies ___ Mild/Moderate/Severe Medication _____

Allergic to:
Medication _____ Food _____ Other _____

Other problems, medications, and restrictions _____

***If the student is 18 or older, have them designate "18/older" and it MUST be signed.**