

**Parental Consent/Medical Information Form**  
North Carolina Envirothon Program

Name of Student: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Parents' Name: \_\_\_\_\_

In case of emergency, we must be able to contact you. Please list a home and work phone number where you could be reached.

Father's Home# \_\_\_\_\_ Mother's Home # \_\_\_\_\_

Work: \_\_\_\_\_ Work: \_\_\_\_\_

All of the information below must be completed in full.

Allergies:

\_\_\_\_\_  
(Food, drugs, insects, etc.)

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

\_\_\_\_\_

Medication currently taking:

\_\_\_\_\_ (dose and frequency)

Family physician:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Date of last tetanus booster: \_\_\_\_\_

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Dear Parent/Guardian:

The law requires that parental permission be obtained for medical procedures performed on minors (under age 18). This consent form should be signed by the parents / legal guardians so that such procedures can be promptly carried out. We will make a genuine attempt to notify you in case of a serious emergency.

I, the undersigned parent/guardian of \_\_\_\_\_, hereby give permission to the attendant staff to perform such diagnostic, therapeutic, and operative procedures for him/her as they deem necessary, and refer him/her to a physician when deemed appropriate. I further give my permission to have my son/daughter treated by a physician and perform any diagnostic, therapeutic, and operative procedures they deem necessary.

I also give permission for videotaping or photographing of my child during all phases of the Envirothon.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date