**Parental Consent Form**

I, (Mr., Mrs., Ms.) ____________________________,

(Guardian’s Full Name)

give my consent for him/her to participate in all activities associated with the 2011 National Ocean Sciences Bowl. I understand that this will include participation in special events and activities related to the 2011 National Ocean Sciences Bowl, and will include travel under the supervision of the team coach.

I hereby release and discharge the Consortium for Ocean Leadership, their officers, agents, servants, and employees, and persons, firms, or corporations contracting with, or acting on behalf of, the Consortium for Ocean Leadership, with respect to the activities of the 2011 National Ocean Sciences Bowl, as well as their heirs, executors, administrators, successors, or assigns, from any cause of action of any nature whatsoever arising from my child's participation in the activities of the 2011 National Ocean Sciences Bowl.

___________________________
Signature of Legal Guardian

___________________________
Date

**Parental Media Consent**

I hereby authorize and give full consent for ____________________________,

(Student’s Full Name)
to be interviewed, photographed, and/or used in written materials used by the Consortium for Ocean Leadership and any of its affiliated programs. Ocean Leadership may copyright or publish photographs taken and/or statements made by the above signed, both written and verbal. I further agree that Ocean Leadership, or any of its affiliated programs with their permission, may use or cause to be used these statements and/or photographs for any or all exhibitions, public displays, publications and any other promotional venues, without limitation, reservation or compensation.

I understand that any final editing of any interview/photography/written materials done by the news media is not within the control of Ocean Leadership, and Ocean Leadership does not have responsibility for the story that appears on radio/television/newspaper/internet. Written materials, photographs, or video files created by or submitted to Ocean Leadership become the property of this organization and will not be returned to the author/owner/talent.

___________________________
Signature of Legal Guardian

___________________________
Date

1201 New York Avenue, NW, 4th floor, Washington, DC 20005
Phone: 202-448-1235; Fax: 202-332-8887
Website: www.nosb.org
Student Medical Information and Emergency Notification Form

Name:__________________________________________Birthdate:_____________Sex: M F

Street Address: ________________________________________________________________________

City:________________________________State:__________________Zip Code:__________________

Home Telephone:______________________________________________________________________

Date of Last Tetanus Shot:_______________________________________________________________

Drug Allergies: ________________________________________________________________________

Physician:_________________________________________ Phone Number:______________________

Medical Conditions or Previous Surgery:____________________________________________________

Regular Medications:___________________________________________________________________

Special Dietary Requirement (include food allergies): _________________________________________

Special Physical Needs:_________________________________________________________________

Family Information

Parent/Legal Guardian’s Name: ___________________________________________________________

Work phone: __________________________________________________________________________

Emergency Contact: ____________________________ Phone: ________________________________

Relationship to student:________________________________________________________________

Medical/Hospital Insurance Carrier:________________________________Policy #: ______________

Toll-free number: ______________________________________________________________________

CONSENT TO MEDICAL CARE AND TREATMENT

Parental consent is required before a hospital’s emergency department can give medical treatment to a
minor. Every effort will be made to contact parents, but a completed consent form will expedite treatment.
I hereby authorize and consent to the administration of all medical and/or surgical treatment(s) to my
child by a licensed physician or hospital in the event I am not available to consult with attending
physician(s), attempts to contact me have been unsuccessful, and the attending physician(s) deem it
advisable to proceed with such treatment(s).

__________________________________________Date

Signature of parent/guardian