



CONSENT FOR MEDICAL TREATMENT OF A MINOR

Wisconsin Science Olympiad Div C State Tournament and Regional Tournaments

School Name: _____

Student Name: _____

NOTE: No competitor will be allowed to compete unless this form is completely filled out and signed by a parent or guardian. We WILL be inspecting all forms at registration.

The Team Coach will keep this form in their possession.

I, _____, BEING THE PARENT OR LEGAL GUARDIAN OF _____, GRANT THE FOLLOWING AUTHORIZATION FOR MEDICAL AND/OR SURGICAL TREATMENT OF THIS MINOR BY A HEALTH CARE PROFESSIONAL SHOULD THE NEED ARISE WHILE HE/SHE IS ATTENDING THE WISCONSIN SCIENCE OLYMPIAD TOURNAMENT.

I GRANT PERMISSION TO THE COACHES RESPONSIBLE FOR HIS/HER CARE TO ACT ON MY BEHALF FOR SAID MINOR IN GRANTING PERMISSION FOR EVALUATION AND TREATMENT OF MEDICAL OR PSYCHOLOGICAL PROBLEMS. I UNDERSTAND THAT SHOULD A MAJOR MEDICAL OR PSYCHOLOGICAL PROBLEM ARISE, REASONABLE ATTEMPTS WILL BE MADE TO NOTIFY ME BY TELEPHONE. IN THE EVENT THAT I CANNOT BE REACHED, I GIVE MY CONSENT TO SUCH MEDICAL TREATMENT AS DEEMED NECESSARY, INCLUDING SURGERY, X-RAY EXAMINATIONS, AND ANESTHESIA TO BE RENDERED TO SAID MINOR BY A LICENSED PHYSICIAN OR NURSE.

I UNDERSTAND THAT I AM RESPONSIBLE FOR THE COSTS OF TREATMENT. I AUTHORIZE MY INSURANCE COMPANY TO PAY BENEFITS DIRECTLY TO THE HEALTH CARE PROVIDERS. ALSO, I AUTHORIZE THE DISCLOSURE OF MEDICAL INFORMATION TO THE INSURANCE COMPANY FOR THE PURPOSE OF SUBMITTING A CLAIM.

Date _____ Signature of parent/legal guardian _____

Phone # of parent/legal guardian: _(____)_____

Insurance Company: _____

Policy Number: _____

Known medical conditions: _____

This authorization is effective for:
April 3-4, 2009, at UW–Stout
January 31, 2009, at UW–Oshkosh
February 7, 2009, at UW–Milwaukee
February 21, 2009, at Edgewood College and UW–Marathon County
February 28, 2009, at Menomonie High School

THIS FORM MUST BE PRESENTED FOR INSPECTION AND CHECK-OFF AT REGISTRATION BEFORE THE COMPETITION.