

**2017 CALIFORNIA ENVIROTHON  
RESIDENT HEALTH INFORMATION**

I hereby give permission for \_\_\_\_\_ to participate in the California Envirothon competition, June 17, 2017. I understand I am responsible for transportation to and from the event. I hereby consent to whatever x-ray, examinations, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care from a licensed physician as deemed necessary for the safety and welfare of my child. I understand that emergency treatment, if necessary, will be administered. It is understood that the resulting expenses will be my responsibility as parent/guardian of my child. I fully understand that all participants are to abide by and accept all rules and requirements governing conduct during the field trip/excursion. All persons attending this event shall be deemed to have waived all claims against the California Envirothon sponsors and personnel from injury, accident, illness, or death occurring during or by reason of the field trip or excursion.

**I HAVE CAREFULLY READ THIS AUTHORIZATION AND FULLY UNDERSTAND ITS CONTENTS AND VOLUNTARILY CONSENT TO ITS TERMS AND CONDITIONS.**

_____ Signature of Parent/Guardian		_____ Date
_____ Name	_____ Date of Birth	_____ Sex
_____ Home Address	_____ City	_____ Zip
_____ Team Advisor	_____ School	
_____ Health and Accident Insurer	_____ Policy/Group #	
_____ Family Physician	_____ Phone Number	

\_\_\_\_\_  
Allergies (Drug or Food)

Month \_\_\_\_\_ Year \_\_\_\_\_  
Date of last tetanus booster \_\_\_\_\_ Normal Body Temperature \_\_\_\_\_

List any factors which could affect your Child's care (illness, behavior problems, sleepwalking, etc).:  
\_\_\_\_\_

\_\_\_\_\_  
Person to contact in case of emergency      Phone Number      Relationship

If student requires medication, state name and dispensing instructions:  
\_\_\_\_\_  
\_\_\_\_\_

