

**2018 CALIFORNIA ENVIROTHON
RESIDENT HEALTH INFORMATION**

I hereby give permission for _____ to participate in the California Envirothon competition, April 7, 2018. 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
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If student requires medication, state name and dispensing instructions:
