Parental Consent Form

I, (Mr., Mrs., Ms.) ______________________________________, (Guardian’s Full Name)
the legal guardian of ______________________________________, (Student’s Full Name)
give my consent for him/her to participate in all activities associated with the 2014 National Ocean Sciences Bowl. I understand that this will include participation in special events and activities related to the 2014 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 2014 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 2014 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

Regional Recruitment Consent

☐ By checking this box, I understand the regional competition host (university or college) may contact him/her for the purpose of undergraduate recruitment.
Student Medical Information and Emergency Notification Form

Name: ___________________________ Birthdate: ________ Sex: M F
Street Address: __________________________________________________________
City: ___________________________ State: ___________ Zip Code: ______________
Home Telephone: ____________________________
Cellular Phone: ____________________________
Date of Last Tetanus Shot: ____________________________
Drug Allergies: ____________________________
Physician: ___________________________ Phone Number: ________________________
Medical Conditions or Previous Surgery: ____________________________
Regular Medications: ____________________________
Special Dietary Requirement (include food allergies): ____________________________
Do you require or prefer a vegetarian meal: ____________________________
Do you require or prefer a vegan meal: ____________________________
Special Physical Needs: ____________________________

Family Information

Parent/Legal Guardian’s Name: ____________________________
Parent/Legal Guardian Cell Phone (required): ____________________________
Work phone: ____________________________
Emergency Contact: ____________________________ Alternate Phone: ____________________________
Cell 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).

_________________________ ____________________________
Signature of parent/guardian Date