

Texas Quiz Bowl 2009 Student Health Form

Student Name: _____ Date of Birth: _____

Age: 13 14 15 16 17 18 Sex: Male Female

Parent or Guardian: _____

Home Address: _____

Parent Cell Phone: _____ Parent Home Phone: _____

Insurance Company: _____ Policy Number: _____

Emergency Contact #1:

Emergency Contact #2:

Name: _____

Name: _____

Phone: _____

Phone: _____

Please detail any medications, dietary restrictions, allergies, or other issues pertinent to your student's

health _____

EMERGENCY MEDICAL AUTHORIZATION

The information provided here regarding my student's health is correct, in so far as I know. My student has permission to take part in the activities of the Texas Quiz Bowl camp. In the event of an EMERGENCY and I am unable to be reached, I grant permission to the physician selected by the representatives of Texas Quiz Bowl to hospitalize and secure proper treatment for the above named student.

Parent Guardian Signature: _____ Date: _____