

# Texas Quiz Bowl 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:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**Emergency Contact #2:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

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

health \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## PERMISSION & 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: \_\_\_\_\_