

ARIZONA SCIENCE OLYMPIAD PROGRAM

PARENTAL PERMISSION FORM

Parents: Please complete and return the following to your son's daughter's Science Olympiad Teacher/Coach

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(Student's Name)

(Student's Name)

(Home Address)

(Home Phone Number)

My Son/daughter has my permission to participate in and/or be transported to the following Science Olympiad event (Please circle appropriate event)

Local Regional State National
At _____ (Location) on _____ (Date)

Local Regional State National
At _____ (Location) on _____ (Date)

Local Regional State National
At _____ (Location) on _____ (Date)

I understand that the Arizona Science Olympiad program and/or personnel accepts no liability for the students in the above noted event.

If emergency service involving medical action or treatment is required for my child and neither parent nor family physician can be contacted for consent, I hereby grant permission for rendering of such emergency medical service.

My son/daughter shall be responsible for avoiding food to which he/she is allergic and/or which may endanger safety. I give permission for my child to self-administer any pre-approved normally required medicine.

(Doctor's Name)

(Doctor's Phone Number)

(Insurance Carrier)

(Policy Number)

(Parent or Guardian's Signature)

(Date)