

ACE Health Examination Form 2009

to be submitted with the for 2009 ACE Registrations

Name _____ Preferred _____

Name of School _____

Date of Birth _____ - _____ - _____ Age _____ Sex _____

Parent or Guardian _____

Address _____

Phone (_____) _____ - _____ E-mail Address _____

Insurance Company _____ Policy Number _____

Work Address (father) _____ (mother) _____

Work Phone (father) _____ (mother) _____

In an emergency, notify:

1. Name _____ 2. Name _____

Address _____ Address _____

Phone (_____) _____ - _____ Phone (_____) _____ - _____

Restrictions

Medications (please list) Dietary Other

Details of restrictions _____

Suggestions from parents _____

PARENT AUTHORIZATION FOR EMERGENCIES

This information is correct so far as I know, and the person herein described has permission to engage in all prescribed program activities, except as noted on this form.

In the event I cannot be reached in an EMERGENCY, I hereby give permission to the physician selected by the program director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child named above.

Signature _____ **Date** _____

PARENT AUTHORIZATION FOR MEDIA

I give ACE permission to post my child's name and/or photos to the ACE Quiz Bowl Camp website and other promotional media.

Signature _____ **Date** _____