



MESA Student Medical Release Form
Deadline - Friday, May 28, 2010

Personal Health and Medical

MESA Student's Name: School:

Address:

City & State:

Date of Birth: Age: Sex: M F Phone No:

Health/Accident Insurance: Policy No.

Emergency Medical Information

My child has or is subject to (check and give details):

- Allergy to a medicine, food, plant, animal, or insect toxin (explain)
Any condition that may require special care, medication, or diet (explain)
Asthma Convulsions Heart trouble
Contact Lenses Diabetes Fainting spells
Bleeding disorders Dentures Other (explain)

Explanation/Other:

Parent Evaluation and Advice

Recommendations (explain any restrictions OR limitations):

Consent

Has it ever been necessary to restrict your child's activities for medical reasons?

Does your child take regular medicine or have special care?

If yes, please explain:

To the best of my knowledge, the information above is accurate and complete. I give my permission for full participation in the MESA USA National Engineering Design competition, with the exception of the limitations listed above. In the event of illness or accident in the course of such activity, I request that measure be instituted, without delay, per the judgment of MESA Advisors and staff.

Parent/Guardian Signature: Date:

MESA Student Signature: Date: