**VIRGINIA JR. ACADEMY OF SCIENCE**

**75TH ANNUAL MEETING**

**Tuesday, May 17th – Thursday, May 19th**

**VJAS Medical Consent Form**

**University of Mary Washington ● Fredericksburg, Virginia**

*Please duplicate this form as needed for each registrant; 3 COPIES REQUIRED*

I hereby authorize the physicians, nurse practitioners, physician assistants and staff members of the selected hospital, or the University of Mary Washington Student Health Center to examine, interview, test, and, if necessary, treat my son/daughter as they deem advisable and disclose such information to other responsible university officials as necessary.

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Student Last Name First Name Middle Initial

Parent/Guardian name:

Parent/Guardian phone number:

Health insurance carrier:

Health insurance policy number:

Policyholder’s name:

**Dietary Restrictions** *(check all that apply)*:

* Vegetarian
* Vegan
* Dairy Free
* Gluten Free
* Peanut Allergy

*Please complete three copies of this form. Retain one copy with the STUDENT, one copy with the GUARDIAN/TEACHER, and one copy for submission with REGISTRATION form.*

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\**This is required in order to attend the conference\*\**