

**2010 SCIENCE COMPETITION – WAIVER FORM**

**Student Information**

Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Home Address \_\_\_\_\_  
Street Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_

Chaperone(s) \_\_\_\_\_

**Parental Permission and Emergency Medical Authorization**

I, \_\_\_\_\_ parent or guardian (please print) \_\_\_\_\_, hereby grant permission for my minor child, \_\_\_\_\_ Student's name (please print) \_\_\_\_\_, to attend the 37<sup>th</sup> Annual Meeting of NOBCChE in Atlanta, GA, March 29 – April 2, 2010. I have read and understand the rules and guidelines materials concerning the National Science Competitions. I release, acquit, and discharge NOBCChE, its agents, servants or employees from any and all liabilities, claims, and causes of action which I may have reason of said attendance.

While in attendance, my child is under the direct supervision of \_\_\_\_\_ . This adult chaperone has the authority to act as parent, guardian, or supervisor for the duration of the meeting and during transportation to and from the conference. Further, I hereby authorize professional medical services personnel to take emergency actions in the event of an accident or illness during the course of this meeting.

Signature \_\_\_\_\_ Witnessed by: \_\_\_\_\_  
(Parent or Guardian Signature and Date) (Witness Signature and Date)

Home Address \_\_\_\_\_  
(If different than above)

Home Phone \_\_\_\_\_ Work or Mobile Phone \_\_\_\_\_

Medical Plan and Policy Number \_\_\_\_\_

Physician \_\_\_\_\_ Telephone \_\_\_\_\_

Allergies, Special Medication or Other Medical History: \_\_\_\_\_

Please bring this form with you to registration or mail it to the following address no later than **March 15, 2010**.

**Ms. Linda Davis**  
**Secondary Education Chair, NOBCChE**  
**P.O. Box 1207**  
**Cedar Hill, TX 75106**