

2019 Maine State Invention Convention

All required forms must be received within 2 weeks of the Regional Competition, or by the date of the competition on March 16, 2019, whichever occurs first. Failure to submit the required forms on time will result in the participant's loss of eligibility to compete.

School _____
 Name: _____ Birth Date Sex: M ____ F ____
 Street Address: _____
 City: _____ State: _____ Zip Code: _____
 Home Telephone (include area code): _____

PLEASE LIST TWO EMERGENCY CONTACTS:

Primary Contact (#1) Contact #2

	<u>Primary Contact (#1)</u>		<u>Contact (#2)</u>
Name:		Name:	
Phone:		Phone:	
Cell Phone:		Cell Phone:	
Relationship:		Relationship:	

Allergies

Yes No If Yes, specify:
 Medication _____
 Food _____
 Environmental _____

Authorization to Arrange for Medical Care:

I hereby give permission to the Maine State Invention Convention to send my child for emergency room treatment and to call his/her primary physician if necessary

 (Print Name of Parent or Legal Guardian)

 (Print Name of Student)

 (Signature of Parent or Legal Guardian)

 Date

Student Name: _____

2019 Maine State Invention Convention

Authorization to Arrange for Medical Care:

(Parental consent is required before a hospital's emergency department can give medical treatment to a minor. Every effort will be made to contact parents, but a completed consent form will expedite treatment.)

I hereby authorize and consent to the administration of all medical and/or surgical treatment(s) to my child by a licensed physician, nurse or hospital in the event I am not available to consult with the attending physician(s), attempts to contact me have been unsuccessful, and the attending physician(s) deem it advisable to proceed with such treatment(s).

(Print Name of Parent or Legal Guardian)

(Print Name of Student)

(Signature of Parent or Legal Guardian)

Date

- *Send a copy of the completed form to tvassiliev@bangorschools.net or by mail to 143, Fifth Street, Bangor, ME 04401. Also, you must bring original forms to registration on the day of the event, March 16th, 2019.*

Student Name: _____