



# New Mexico Academic Decathlon

## PARENTAL CONSENT FOR MEDICAL CARE FOR A MINOR

New Mexico law requires parental consent for medical, surgical, and psychiatric treatment of minors (in New Mexico, minors are individuals under 18 years of age). In order for necessary medical care to be arranged for your student while participating in the New Mexico Academic Decathlon program, please complete the medical treatment form below and **return to your coach who will make a copy for his/her records and send the original to the State Director.**

Please print or type

### CONSENT TO MEDICAL TREATMENT

Date: \_\_\_\_\_

I, \_\_\_\_\_ am the parent or legal guardian of \_\_\_\_\_ a minor, whose date of birth is \_\_\_\_\_. I hereby give consent to authorized staff of the New Mexico Academic Decathlon program to obtain necessary medical treatment for my student while participating in the Academic Decathlon Competition(s).

Parent/legal guardian name\*:

\_\_\_\_\_  
(please print)

\_\_\_\_\_  
(signature)

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Emergency phone: Home: (505) \_\_\_\_\_ Work: (505) \_\_\_\_\_ Cell: (505) \_\_\_\_\_

List below two individuals willing to transport and assume responsibility for the above student in case of illness or accident, if you cannot be reached:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### MEDICAL ISSUES

Vision Problem:  Yes  No Student wears \_\_\_\_\_ Glasses \_\_\_\_\_ Contacts \_\_\_\_\_ Neither

Hearing Problem:  Yes  No Students wears \_\_\_\_\_ Hearing Aid

Seizures:  Yes  No Medication \_\_\_\_\_

Diabetic:  Yes  No Medication \_\_\_\_\_

Asthma:  Yes  No Mild Moderate Severe Medication \_\_\_\_\_

Allergies:  Yes  No Mild Moderate Severe Medication \_\_\_\_\_

Allergic to:

Medication: \_\_\_\_\_

Food: \_\_\_\_\_

Other: \_\_\_\_\_

Other problems, medications, and restrictions: \_\_\_\_\_

**\*If the student is 18 or older, have him/her designate "18/older" and sign.**