

**National Organization for the Professional  
Advancement of Black Chemists and  
Chemical Engineers (NOBCChE)**



**2017 NOBCChE Cincinnati Science Bowl and Fair  
Parent Consent Form**

Dear Parents and Guardians,

Your child has applied to participate in the **2017 NOBCChE Cincinnati Science Bowl and Fair**. In order for your child to participate, the following form must be completed by you. If any questions arise, please feel free to contact Mr. Steven Thomas, Chair of the NOBCChE Secondary Education Committee at [sdthomas25@gmail.com](mailto:sdthomas25@gmail.com) or at 517-721-1519. Please send a scanned copy of the completed form by **Friday, March 31, 2017** via email to [sdthomas25@gmail.com](mailto:sdthomas25@gmail.com).

We look forward to having your child participate in this year's competition.

**Student Division:**  Junior (Middle School)  Senior (High School)

**Student Information**

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

Date of Birth \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

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

Home phone \_\_\_\_\_ Race/Ethnicity \_\_\_\_\_ Gender  Male  Female

Onsite Phone Number of Chaperone/Coach (**MANDATORY**): \_\_\_\_\_

Have you participated in a NOBCChE K-12 Science Outreach Activities in the past?  YES  NO

*If yes, please indicate event & year:*  Bowl  Fair Year \_\_\_\_\_

## 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 **NOBCChE Cincinnati Science Bowl and Fair in Cincinnati, OH on Saturday April 8, 2017**. I have read and understand the rules and guidelines materials concerning the NOBCChE 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.

I authorize NOBCChE to videotape and photograph my child's image and/or voice for use in educational, promotional and public service programs, as well as the organization's websites and social media outlets.

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

Home Address \_\_\_\_\_  
(If different than from page 1)

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

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

Physician Name \_\_\_\_\_ Physician phone \_\_\_\_\_

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

