

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



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

Dear Parents and Guardians,

Your child has applied to participate in the **2017 NOBCChE Florida 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 or at 517-721-1519. Please send a scanned copy of the completed form by **Friday, May 12, 2017** via email to 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 in Orlando, FL on Saturday May 13, 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 _____

