

2024 Project Fibonacci® STEAM Leadership Conference  
Mandatory Medical Release Form

### Student Information

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Full Street Address: \_\_\_\_\_  
City, State: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Emergency Contact Information

Parent/Legal Guardian Name #1: \_\_\_\_\_ Phone: \_\_\_\_\_  
Parent/Legal Guardian Name #2: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Optional)  
Additional Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Optional)

### Medical Information

Hospital/Clinic Preference: \_\_\_\_\_  
Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Insurance Company: \_\_\_\_\_  
Policy Number: \_\_\_\_\_ Policy Holders Name: \_\_\_\_\_



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## Allergies/Special Conditions

Please specify any other health concerns, physical activity restrictions, and/or any other information you want the Project Fibonacci® staff and chaperones to be aware of on behalf of your child's welfare.

**Please List All Medical Conditions, Allergies (Medications/Food/Environmental/Etc.):**

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## Medications

You must bring your child's current medication in the original packaging, labeled with your child's full name, date of birth and dosing information. Project Fibonacci® Event Medics will inventory and collect all medications/prescriptions – including over the counter medication, vitamins, and supplements, at registration. **For safety reasons, STEAM Scholars are never allowed to keep any medications, vitamins or supplements in their hotel room or on their person except epi-pens or inhalers, as medically necessary.** Medication/prescriptions will be locked at the Event Medics station (locations will be made known to you). As needed, participants will request their medication from the Event Medic for self-administration. Any need for assistance (e.g., injection) will be referred to the closest medical facility.

Medication Name	Dose	Notes
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Parent/Guardian Acknowledgment:

- I understand that I will be notified in case of serious injury or illness. However, in the event I cannot be reached, I hereby give permission for my child named above to be medically treated by a physician or medical facility as appropriate.
- I hereby give permission for the event medics to inventory, collect, keep all medications and supervise my child's self-administration for the duration of the event, as described.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### Student Participants (18+):

- I give my permission to be medically treated by a physician or medical facility as appropriate, in the event of an emergency or illness.

Signature of Student (18+): \_\_\_\_\_ Date: \_\_\_\_\_

