



MEDICAL INFORMATION FORM FOR STUDENTS PARTICIPATING IN ISDC

NOTE: Student may not participate in conference programs until this form has been received. To ensure that your registration is complete, please return the completed form to NSS Headquarters no later than May 15, 2012. You should also bring a copy of the form with you to the Conference. This form does not require a physician's signature.

Student's Full Name: _____

Student's Age: _____ Gender: _____ Female _____ Male

Name of School or Group: _____

Name of Adult Chaperone: _____

Father's Name: _____

Mother's Name: _____

Home Mailing Address: _____

City: _____ State or Province: _____

Postal Code: _____ Country: _____

International students, please include country code and city or regional codes in phone numbers, below:

Home: _____ Parent's Cell: _____

Student's Cell: _____ Chaperone's Cell: _____

Parents' Email Address: _____

Student's Email Address: _____

Chaperone's Email Address: _____

Staying at Conference Hotel? _____ YES _____ NO. If not, please provide address while at ISDC:

Name of Hotel: _____

Address: _____

Phone: _____

Alternate Emergency Contact Name: _____

Alternate Emergency Contact Phone: _____

INSURANCE COVERAGE: You must show proof of health insurance coverage. For international students, we strongly recommend that you purchase international travel insurance that is valid in the United States for the duration of the Student's trip.

Insurance Carrier: _____

Name of Policy Holder: _____ Policy Number: _____

Carrier Address: _____

Carrier Phone: _____

Please attach a copy of both sides of your insurance card.



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Student Name: _____

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MEDICAL HISTORY

1. Is the Student receiving any kind of treatment for any medical condition such as asthma, diabetes, a heart condition, high blood pressure, emotional, neurological, convulsions, etc.?

YES NO If so, what is the medical condition? _____

2. List any medications that Student currently takes: _____

3. Please list any known allergies to drugs, food, and insects. Does Student require an Epi-Pen?

YES NO If YES, please explain. _____

4. Has Student had any history of the following:

Heart Disease	<input type="checkbox"/> YES <input type="checkbox"/> NO	High Blood Cholesterol	<input type="checkbox"/> YES <input type="checkbox"/> NO	Asthma	<input type="checkbox"/> YES <input type="checkbox"/> NO
Diabetes	<input type="checkbox"/> YES <input type="checkbox"/> NO	Fainting or Dizziness	<input type="checkbox"/> YES <input type="checkbox"/> NO	Seizures	<input type="checkbox"/> YES <input type="checkbox"/> NO
High Blood Pressure	<input type="checkbox"/> YES <input type="checkbox"/> NO				

5. Does Student have any limiting medical conditions (temporary or permanent)? YES NO

If YES, please explain. _____

6. Does Student have any of the following conditions (if YES, please explain):

Recent injury or infectious disease YES NO _____

Chronic or recurring illness YES NO _____

Recent surgery YES NO _____

7. Please describe, list or provide a report or statement for any other concerns, medical or otherwise, you wish to bring to our attention:

EMERGENCY CONTACT INFORMATION

In the event of an emergency, we will call the student's parent/guardian first. If we cannot reach the parent/guardian, we will call the alternate emergency contact designated above.

AUTHORIZATION FOR TREATMENT FOR STUDENTS UNDER 18 YEARS OF AGE

If, during the course of the Conference, it becomes necessary for Student to receive medical services, the parent/guardian will be notified as early as possible of an illness or injury, informed of the situation, and consulted about important medical decisions. However, a serious accident or injury may require immediate action and/or treatment without prior notification to the parent or guardian.

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Parent/Guardian Authorization

I acknowledge that I have an obligation to provide the requested medical information to the National Space Society (NSS) prior to my son/daughter/ward's participation in the International Space Development Conference (ISDC or Conference) and to disclose any injuries, or illnesses; she/he may suffer or may have suffered subsequent to signing this form. I agree to assume all risks and hazards resulting from any undisclosed injuries or illnesses. Further, I authorize the Student's Chaperone as indicated on this form, the NSS Executive Director, the ISDC Conference Chair or their designee, at any time and from time to time during the program, to take such action deemed necessary or desirable for my son/daughter/ward's welfare if an accident or emergency requiring immediate medical attention and/or treatment should arise where she/he must be transported to a health care facility for treatment and/or be placed under the general or special supervision of a nurse, dentist, physician, or surgeon licensed to practice in the District of Columbia.

I agree to assign the benefits of personal coverage of medical insurance for my son/daughter/ward to the appropriate providers of his/her medical care. In the event that appropriate medical coverage under my medical insurance plan is unavailable, insufficient, or denied with respect to treatment or services provided by son/daughter/ward, I hereby agree to assume all financial liability and responsibility of all expenses and costs associated with said transportation and/or treatment of his/her illness or injury.

In consideration of NSS's allowing my son/daughter/ward to participate in the Conference and agreeing to intervene on my behalf to provide or make arrangements to provide medical assistance to him/her as needed, I agree to release and indemnify the National Space Society, its officers, directors, agents, employees, volunteers, partners, sponsors and affiliates, from all liability and responsibility for any claims, demands, actions, or other proceedings for any personal injury, accident damage, expenses, or other loss caused, suffered, or incurred by him/her or any other person or entity arising out of his/her participation in the Conference, unless caused by the gross negligence of NSS.

I acknowledge that I have read and understand the above statements and that if I am unable to do so, for whatever reasons, I have had them read to me and am confident that the individual so doing has read and/or translated the statements truthfully and in their entirety.

Under penalty of perjury, I acknowledge that the undersigned is the Parent or Legal Guardian of the Student named above and that I have read, understand and agree to terms and conditions of each paragraph contained in this document. A fax or electronic copy of this document shall be binding as an original.

Parent/Guardian Signature (required) _____

Parent/Guardian Name (please print clearly) _____

Date: _____

Please return this form by fax or email, as soon as possible, but no later than May 15, 2012 to:

National Space Society
ATTN: ISDC Registration
1155 – 15th St NW, Ste 500
Washington, DC 20005
1-202-429-1600 – Phone
1-202-530-0659 – Fax
Email: nsshq@nss.org