NOAA Form 57-10-05
(12-11)

U.S. DEPARTMENT OF COMMERCE
NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION

MEDICAL FORM FOR MINORS

Section I - Student Information

FULL NAME		DATE of LAST TETANUS IMMUNIZATION		
HOME PHONE	CELL PHONE	DATE of BIRTH	AGE	GENDER
ADDRESS		CITY	STATE	ZIP
NOAA SHIP		VOYAGE DATES		

Section II - Emergency Contact Information

EMERGENCY CONTACT #1 – NAME and RELATIONSHIP	HOME PHONE	WORK or CELL PHONE
EMERGENCY CONTACT #2 – NAME and RELATIONSHIP	HOME PHONE	WORK or CELL PHONE

Section III - Medical Provider Information

PHYSICIAN NAME and ADDRESS		OFFICE PHONE
DENTIST NAME and ADDRESS		OFFICE PHONE
MEDICAL INSURANCE COMPANY NAME and ADDRESS	POLICY #	OFFICE PHONE

Section IV - Declared Medical Conditions

List all allergies. Indicate allergen, expected allergic reaction and treatment medication your child will bring on board the ship.

List all other medications (prescription and non-prescription) your child will bring on board the ship. Provide detailed administration information for each medication. Include a physician's order form for all prescription medications.

Describe all physical, cognitive and emotional conditions which may require special medical attention.

Attach a copy of your child's immunization record. ☐ Yes, immunization record is attached.

Section V - Parent or Guardian Permission

Except as stated above, my child is in good health and is capable of participating in the activities and operations on the indicated NOAA ship. If needed in the case of an emergency and when none of the listed emergency contacts can be reached by phone, I give my permission to the Medical Officer or the Medical Person-in-Charge on the ship to arrange for emergency medical treatment ashore and to sign a permit for the administration of general anesthesia by a qualified anesthesiologist.

SIGNATURE of PARENT or GUARDIAN	DATE
NAME of PARENT or GUARDIAN	RELATIONSHIP