



Student Name: _____

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 1, 2017. 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.



Student Name: _____

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 the Student had any history of the following:

Heart Disease? YES NO High Blood Cholesterol? YES NO Asthma? YES NO

Diabetes? YES NO Fainting or Dizziness? YES NO Seizures? YES NO

High-Blood Pressure? YES 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.



Student Name: _____

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.

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 St. Louis, MO.

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: _____



Student Name: _____

Please return this form by fax or email, as soon as possible, but no later than May 1, 2017 to:

National Space Society
ATTN: Cathy Vail 12100
Sunset Hills Road
Suite 130
Reston, VA, USA 20190
E-mail: isdc.students@nss.org





WAIVER OF LIABILITY AND MEDICAL CONSENT FOR STUDENTS PARTICIPATING IN ISDC

Student Name: _____

WAIVER OF LIABILITY AND MEDICAL CONSENT 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 1, 2017. You should also bring a copy of the form with you to the Conference.

In order for your child to participate in the conference activities, please provide all requested information, sign the form where indicated, and return it, along with the completed and signed Medical Information Form, to the national headquarters of the National Space Society at the address below, along with a copy of proof of medical insurance, no later than May 1, 2017.

Student's Full Name: _____

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 in U.S.:

Name of Hotel: _____

Address: _____

Phone: _____

In consideration of above-named student's participation in the **International Space Development Conference (ISDC or the Conference)**, I/We agree to the following:

Agreement, Limitation of Liability & Release: I/We hereby release and hold harmless the **National Space Society (NSS)**, its officers, directors, agents, employees, volunteers, partners, sponsors and affiliates from and for any claim, injury or other liability of any kind which is caused or contributed to directly or indirectly by the Student, or which results from or during the Student's participation in the **Conference**. Furthermore, I/We understand that **NSS** cannot be held responsible for any acts or executive orders of any government authority, "Acts of God" or incidents that may occur on the part of any commercial carrier from the time the Student leaves home until the Student returns home. **NSS** will not



WAIVER OF LIABILITY AND MEDICAL CONSENT FOR STUDENTS PARTICIPATING IN ISDC

Student Name: _____

be responsible or liable for any loss, damage, or delay resulting from any act or omission on the part of any person or company whose services are retained by **NSS** for the benefit of conference participants, including but not limited to hotels, restaurants, on-site staff, independent contractors, employees, volunteers, or transportation and travel companies, nor will **NSS** be held responsible for any act, error or omission on the part of any conference participants. Additional expenses, if incurred under any of these circumstances, must be borne by Student/Parent. **NSS** will not be held responsible for any decision made in response to any problem or situation encountered with a student. In any event, liability on the part of **NSS** is specifically limited to and shall not exceed the registration fee paid by Student/Parent. **NSS** reserves the right to cancel the **Conference** at any time **prior to May 25, 2017**, for any reason, in which case the sole recourse shall be the refund of any monies paid to **NSS**. No statement, representation, or promise shall be binding on **NSS**, unless made in writing. **NSS** reserves the right to change or modify any portion of the **Conference** program without notice before or after the **Conference** is scheduled to begin.

COMMUNICATION & PRIVACY POLICY: Parent agrees that after registration, **NSS** may communicate with the Student via email. (The Student/Parent may opt out at any time). The Student and Parent grant **NSS** permission to use basic student information (i.e., name, school, hometown) and any statement, photograph, video, audiotape or film in which the student may appear for lawful purposes without compensation. Except as otherwise agreed to herein, or provided for in the **NSS Privacy Policy** (available at www.nss.org), **NSS** will not share your email address or other confidential information with another third party, unless requested by a governmental agency or a court of competent jurisdiction.

MEDICAL AUTHORIZATION, CONSENT FOR TREATMENT, AND RELEASE: I hereby certify that the information and the health history provided in the attached **Medical Information Form** is correct. I hereby expressly release and hold harmless **NSS** from any liability or potential liability, including any HIPAA claim, for any disclosure made concerning the Student's medical condition(s).

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 1, 2017 to:

**National Space Society
ATTN: Cathy Vail 12100
Sunset Hills Road
Suite 130
Reston, VA, USA 20190 E-mail:
isdc.students@nss.org**



May 2017

To:

National Space Society

Attn: Cathy Vail
12100 Sunset Hills Road
Suite 130
Reston, VA, USA 20190

Dear Parent:

A policy of the National Space Society requires that the use of student names and photographs on any web-based or paper-based public domain materials should be parent approved. Therefore, the purpose of this notice is to acquire your signature for your son or daughter's photograph and work can be used on the National Space Society web pages, flyers, and International Space Development Conference materials, such as the program book.

As parent/guardian of _____, I authorize The National Space Society to use the name and photographs of my son/daughter on their web-based and paper-based materials.

Please read and sign the release below and return it as soon as possible to:

ISDC17 Student Coordinator
isdc.students@nss.org

Note: Electronic PDF file must be sent to isdc.student@nss.org by May 1, 2017.

Date (MM/DD/YYYY)

Parent or Guardian Signature

