



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](mailto: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](http://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](mailto: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  
[isdsc.students@nss.org](mailto:isdsc.students@nss.org)

Note: Electronic PDF file must be sent to [isdsc.student@nss.org](mailto:isdsc.student@nss.org) by May 1, 2017.

\_\_\_\_\_  
Date (MM/DD/YYYY)

\_\_\_\_\_  
Parent or Guardian Signature

