

**Texas A&M University-Kingsville
South Texas Regional Science Olympiad
Saturday, February 21, 2009
Permission/Medical Release Form**



I give my child _____ permission to participate in the regional, state or national competition of the Science Olympiad to be held at Texas A&M University-Kingsville on Saturday, February 21, 2009.

Parent contact Phone number: home _____
or cell _____

Medical information: Insurance carrier _____

Policy number _____

Family Physician _____

Parent Signature _____

Date _____

**ORIGINAL FORM DUE UPON REGISTRATION ON
SATURDAY
FEBRUARY 21, 2009**