

Forest Hills Robotics Team 3357

Emergency Contact and Medical Information

| | | | |
|--------------------------|--------------------------|------------|------------|
| Child's Name | Date of Birth | M | F |
| | | Sex | |
| Parent's/Guardian's Name | Parent's/Guardian's Name | | |
| () | () | () | () |
| Home Phone | Work Phone | Home Phone | Work Phone |
| Address | Address | | |
| City, ST ZIP Code | City, ST ZIP Code | | |

Alternative Emergency Contacts

| | |
|---------------------------|-----------------------------|
| Primary Emergency Contact | Secondary Emergency Contact |
| () | () |
| Home Phone | Work Phone |
| () | () |
| Home Phone | Work Phone |
| Address | Address |
| City, ST ZIP Code | City, ST ZIP Code |

Medical Information

Hospital/Clinic Preference

| | |
|-------------------|---------------|
| Physician's Name | Phone Number |
| Insurance Company | Policy Number |

Allergies/Special Health Considerations

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature _____ Date _____

I give permission for my child to travel with the Forest Hills Robotics Team 3357 (COMETS). I release Forest Hills Robotics Team 3357 (COMETS) and individuals from liability in case of accident during activities related to Forest Hills Robotics, as long as normal safety procedures have been taken.

Parent's/Guardian's Signature _____ Date _____