

STUDENT MEDICAL INFORMATION FORM – Team 291

PLEASE PRINT ALL FIELDS CLEARLY

Student Name _____ Date _____

Sex: _____ Age: _____ Date Of Birth: _____ Grade: _____

Home Address: _____

Home Phone Number (_____) _____
=====

School: _____

Father/Guardian #1 Name _____

Cell Phone: (_____) _____ Work Phone: (_____) _____

Mother/Guardian #2 Name _____

Cell Phone: (_____) _____ Work Phone: (_____) _____
=====

If extra space is required, use back of form and indicate: "see back of form" on this side

Is the Student currently under medical treatment?: Yes No

If yes, give the nature of the treatment and the physicians name and phone number:

Physician: _____ Phone: (_____) _____

Is the Student taking any medications?: Yes No

If yes, give the name of the medication(s), the reason(s) it is given, physicians name and phone number.

Medication Name: _____

Reason Given: _____

Physician: _____ Phone: (_____) _____

Does the student have allergies?: Yes No

If yes, list specific allergies: _____
=====

Date of last tetanus shot: _____

Name of Health Insurance: _____

Address: _____

Phone: (_____) _____

Name of Employer (if group insurance): _____

Address: _____

Phone: (_____) _____

Group #: _____

Agreement #: _____

FIRST AID / EMERGENCY TREATMENT AUTHORIZATION – Team 291

PLEASE PRINT ALL FIELDS CLEARLY

Student Name _____ Date _____

If the school cannot contact either a parent/guardian, please list two relatives or friends who would have the authority to advise us regarding your student:

Name: _____

Relationship to Student: _____

Address: _____

Cell Phone: (_____) _____ Work Phone: (_____) _____

Name: _____

Relationship to Student: _____

Address: _____

Cell Phone: (_____) _____ Work Phone: (_____) _____

If none of the above can be reached by phone, WHAT DO YOU WISH DONE IN CASE THE CHILD IS SICK OR INJURED?

If EMERGENCY TREATMENT is required, may the chaperones / school authorities use their own judgement in sending the child to the hospital or a doctor most easily accessible before the parent/guardian can be reached:

YES NO → If NO,

Name of preferred hospital: _____

Phone: (_____) _____

Name of preferred doctor: _____

Phone: (_____) _____

It is understood that in the final disposition of any emergency case, the judgement of the chaperones / school authorities will prevail. The recommendation of the parent/guardian, as indicated above, will be respected as far as possible. If at any time the above information must be changed, I will notify the team in writing. It is understood and agreed that the student and his/her guardian shall hold harmless the chaperones / school authorities from any and all lawsuits, claims, demands, expenses or costs arising out of the administration of, or failure to administrate, first air or emergency treatment to the student. I hereby waive any claim against CIA 291 Robotics, its representatives, agents or chaperones for any loss, injury, or liability, which may arise because of my child's participation in this activity.

Do you grant permission to have this medical form provided to the nurse on call? YES NO

Signature of Parent/Guardian

Date