



Robotics and Technology Team Of Newport County

Medical and Emergency Form

Student's name _____

Address _____

—

Telephone # _____ Date of Birth _____

Legal Guardian's Name _____

Address _____

Telephone # _____ Work number _____

Cell phone # _____

Release Form

I, _____ (parent or legal guardian's name) as legal guardian of my child, _____, hereby waive any and all claims against the Naval Undersea Warfare Center, Middletown High School, Portsmouth High School, engineers, alumni, parents, volunteers, and team leaders of the FIIRST Robotics and Technology Team on behalf of myself and/or my family that are a result of any injury, death, or harm that may occur to my child.

parent/legal guardian

date

In case of Emergency: In the event, I cannot be reached to provide authorization, I hereby give permission to the adult leadership to secure proper emergency treatment for my child. I, also, give the hospital and the physician permission to prescribe and to administer treatment for my child.

Signature: _____

Relationship: _____ Date: _____

Emergency Phone Contact (day) _____ (evening) _____

Medical Insurance Company: _____

Policy

Number: _____

Doctor: _____ Phone: _____

Date of Last Tetanus Shot _____

Is your child under medical care: _____

Does he/she take medication routinely _____ Please list below

Will this medication be sent with them _____

Can he/she self-administer _____

Has this child had or is he subject to:

Rheumatic Fever _____ Asthma or Wheezing _____

Hepatitis _____

Serious Illness _____ Injury _____ or Surgery _____

Convulsion or Fainting Spells _____ Bleeding Problems _____

Is this Child Allergic to:

Bee or Insect Bites _____ Poison Ivy _____

Medication _____ Food Items _____

**IF ANY OF THE ABOVE IS "YES" OR THERE ARE ANY OTHER MEDICAL
CONDITIONS THAT SHOULD BE KNOWN PLEASE DETAIL BELOW**