

## 2016-2017 Team 2175 Health and Permission Form

Trips are planned for Team 2175 for the season September 30th, 2016 September 5th, 2017. Adult chaperones may drive students. We may also charter a bus or some families may choose to drive themselves. Students are not allowed to drive themselves per MSA Transportation Policy.

PARENTS/GUARDIAN: Please complete all of this permission slip/health form in its entirety.

Participant's Name \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Phone Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Contact if unable to reach parent: \_\_\_\_\_ Phone: \_\_\_\_\_

This information is MANDATORY, in the event your child needs medical attention:

Family Doctor: \_\_\_\_\_ Phone # \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

I give permission for overthecounter medications(examples: Tylenol, ibuprofen) to be given to my child (check \_\_\_\_\_)

List what OTC your child may take: \_\_\_\_\_

Does your child have any medical condition, special health problem or allergies, which will require special attention or supervision on this trip, or does your child need to take medication during this trip? YES NO · If yes, what is the condition and what special considerations should be made? \_\_\_\_\_

· If your child will need to take medication while on this trip, please indicate the name of the medication, and the dosage and time to be taken:

\_\_\_\_\_

I hereby give permission for the Robotics Team mentors to dispense the above medication or seek appropriate medical attention. Parent Signature

\_\_\_\_\_ Date \_\_\_\_\_

NOTE: If there are changes in medication you will need to fill out a new form.

I, \_\_\_\_\_, grant permission for \_\_\_\_\_ to participate in Team 2175's events from September 30th, 2016 thru September 5th, 2017. I warrant that my child is in good health. I understand that the necessary plans and precautions will be taken for my child for care and supervision of my child during the trip. I also understand that I will be responsible for paying all expenses related to sending the student home from the trip for disciplinary reasons or illness based upon lead mentor's opinion. I hereby grant to Team 2175, its members and parents, the right to photograph my child and use the photos and/or other digital reproductions of him/her on the internet and in Team 2175 promotional materials. As parent or guardian, I agree to all of the above stated considerations and conditions.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

This permission form will be carried on the trip by the trip advisor.