

Bridgewater-Raynham Regional High School
F.I.R.S.T. Robotics Team
Medical And Liability Form
Written Parent/Guardian Consent for Medical Administration
2009-2010
*A Photocopy Of Student's Picture I.D. **MUST** Be Attached*

Name Student _____ **DOB** _____ **Grade** _____ **HmRm#** _____

Address _____ **Town (circle) B R**

Email Address _____ **Home Phone#** _____

Student Cell# _____

Name Parent/Guardian _____

Home Phone# _____ **Work#** _____

Cell# _____

Other person to be notified in the case of an emergency if above named person is unavailable:

Name _____ **Relationship to student** _____

Address _____ **Town** _____

Home Phone# _____ **Cell#** _____

Please list any medical or other conditions that the student may have: _____

Please list any know allergies that the student has including food, medicinal, or environmental: _____

My son/daughter is currently receiving the following medications (please list if not in violation of confidentiality); please include and medications that your child receives over the duration of the entire day:

Last date of Tetanus Immunization (should be within the last 7-10 years) _____

Name and Number of Health Insurance _____

Primary Care Physician: _____ **Telephone #:** _____

THIS FORM IS TWO SIDED

Consent

The TJ² team does **NOT** travel with a medically qualified person for all overnight trips and day trips. An adult will be assigned to care for the medical needs of our team. This person will have a well-equipped First Aid bag with them, and will accompany a child to the area hospital if necessary. The official FIRST Robotics Competitions have emergency medical personnel on site. The day competitions may or may not have medical resources. **Please be sure to answer YES or NO to each of the questions below:**

- I give permission for my son/daughter to self administer medication if the school nurse determines it is safe and appropriate: YES _____ NO _____
- I have been advised by my physician of all known side effects and benefits of this medication: YES _____ NO _____
- I give permission for the nurse to share with appropriate school personnel any relative health information, as he/she determines necessary for my child's health and safety:
YES _____ NO _____

Any restrictions on release _____

The undersigned hereby release the Towns of Bridgewater and Raynham, Depuy, and the Bridgewater-Raynham Regional School District, its agents, servant, employees, the nurse and other volunteers traveling with the team from any and all claims resulting from or emanating from all activities, including meetings after school, traveling to competitions and Depuy, and appearing in photographs and videotapes in the calendar year of 2009-2010. The undersigned assume all risks of injury and loss, which maybe sustained as a result of these same activities.

A law of the Commonwealth of Massachusetts requires that written consent by a parent/guardians of anyone less than 18 years of age must be obtained before medical care may be administered. The undersigned also give permission that the medical treatment can be administered. **Please make sure the section below is filled in completely, including dates and both parent/guardian and student signatures.**

Signature of Parent/Guardian _____ Date _____

Relationship to student _____

Student Signature _____ Date _____

PLEASE BE CERTAIN BOTH SIDES OF THIS FORM ARE COMPLETED AND A PHOTOCOPY OF STUDENT'S PICTURE I.D. IS ATTACHED