Bridgewater-Raynham Regional High School
F.I.R.S.T. Robotics Team Medical And Liability Form
Written Parent/Guardian Consent for Medical Administration *2026 - 2027*

Full Legal Name Student (Include Middle Name) _____

DOB _____ Grade ____ Student Cell # _____

Address _____ Town (circle) B R

Email Address _____Home Phone# _____

Name Custodial Parent/Guardian _____

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 known 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 any 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 Member ID number of Health Insurance_____

_____

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

THIS FORM IS TWO SIDED

Consent and Liability Release

Travel & Care Disclosure
The TJ2 team does **NOT** travel with a medically qualified person for all trips. An adult will be assigned to care for medical needs and carry a First Aid bag (this does NOT include medication administration). While official FIRST Robotics Competitions have emergency personnel on site, day competitions may not.

Medication & Information Sharing

- **Self-Administration:** I give permission for my student to self-administer medication:
  - [ ] **YES**
  - [ ] **NO**
  - [ ] **N/A**
- **Information Sharing:** I give permission for the nurse to share health information with school personnel as necessary for safety:
  - [ ] **YES**
  - [ ] **NO**
  - **Restrictions:** _____

Responsibility Statement
It is the express responsibility of the parent/guardian and the student to notify the school and the Robotics Advisor of any changes to medical conditions or medications. If changes occur, a new Medical and Liability Form must be completed, signed, and submitted immediately.

Liability Release
The undersigned release the Towns of Bridgewater and Raynham, the BRRSD, its agents, employees, and volunteers from all claims resulting from activities, travel, or media appearances in 2027. The undersigned assume all risks of injury or loss. Pursuant to Massachusetts law, written consent is required for medical care for minors.

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

FOR OFFICE USE ONLY: Nurse Review & Approval

To be completed after Parent/Guardian signature.

The school nurse has reviewed the above medical information and self-administration request:

- [ ] **APPROVED:** Student is cleared for self-administration of listed medications.
- [ ] **DENIED:** Student is NOT cleared for self-administration.
- [ ] **MODIFIED:** (Notes: _____

Nurse Signature: _____ **Date:** _____

PLEASE BE CERTAIN BOTH SIDES OF THIS FORM ARE COMPLETED AND TURNED IN to H103 ASAP BUT NO LATER THAN Friday, 10/30/26