

Medical Release Form

Team Driven 1730 Junior Robotics League

Please be specific. Too much information is better than too little.

Student Name _____ DOB _____

Address _____ Phone _____

City _____ State _____ Zip Code _____

Parent's Name _____

Medical Conditions _____

Allergies to medications _____

Allergies to food/pollens _____

Health Insurance Company _____

Company Address _____

Policy Number _____ Group Number _____

Mom's Work # _____ Dad's Work # _____

Cell # _____ / _____

If parents cannot be contacted, who may we contact in case of emergency?

Name _____ Phone _____

IN CASE THE ABOVE STUDENT NEEDS MEDICAL ATTENTION, I GIVE
PERMISSION FOR MEDICAL ASSISTANCE TO BE ADMINISTERED FOR MY
SON/DAUGHTER.

Parents printed name and signature

Date