Edina FTC Robotics Medical & Liability Form

Student's Full Name _____Gender_____
Birth date ___/___/___
Student ID#: _____ Grade (2022-2023)_____

Allergies (Food/Drug/Environmental): _____
Medications:_____
Medical Conditions that might affect/impact participation: _____
_____
_____

Medical Insurance Company _____
Policy holder _____ Policy number _____

Student's physician _____ Phone number _____
Student's dentist _____ Phone number _____

Student lives primarily with _____

Parent/Guardian Agreement, Activities Insurance Waiver

I, the parent/legal guardian of the above student, fully understand that **I.S.D. 273 (Edina Public Schools) DOES NOT provide insurance** for my student while participating in this activity, and that it is my responsibility to provide insurance coverage for my student.

Parent/Legal Guardian (Please Print) _____
Date ___/___/___ Signature _____
Mobile Phone: _____
Home Phone, if applicable: _____

Consent for Medical Treatment

Permission is hereby granted to the attending physician to proceed with any medical or surgical treatment, x-ray examinations, and immunizations for the above-named student. In the event of serious illness, the need for major surgery, or significant accidental injury, I understand that an attempt will be made by the attending physician to contact me in the most expeditious means possible. If said physician is not able to communicate with me, the treatment necessary for the best interest of the student may be given. In the event an emergency arises, an effort will be made to contact parents or guardians as soon as possible. Permission is also granted to mentors and adult team leaders to provide needed emergency treatment to the student prior to his/her admission to a medical facility.

Parent/Legal Guardian (Please Print) _____
Date ___/___/___ Signature _____

Emergency contact:
Name: _____Relationship: _____
Mobile Phone: _____