2026_____ _____ **Clare Shockwave**
Student Last Name Student First Name

Student Grade:_____

ROBOTICS PERMISSION FORMS



☐ I give my permission to the Clare Mentors to give or apply over the counter medication, as directed, to my child as needed. I also agree to allow treatment if a medical emergency were to occur. If there are any medications that the student needs to take, please list them below and contact James Winkler to notify of this. We will keep this medication in a secure place that can be administered according to the prescription and you. Medication will only be administered by two adults and logged, just like it is done at school.

Parent Signature:_____
Other medications that my student requires and needs to be administered by team mentors:

_____

Emergency Contacts Name and Phone :_____

_____

Student Allergies:_____

☐ I have signed up on the Clare First Tech Challenge Remind (Code: @ftcclare)

I give permission for my child to be photographed or videotaped during robotics for social media.

☐ Yes ☐ No Parent 1 Parent 2

Parent Names:_____

Parent Phone Numbers:_____

Parent 1 e-mail:_____

Parent 2 e-mail:_____

Student Address:_____

Student e-mail:_____

Student Birthdate:_____Student Age:_____ T-shirt size: _____Adult /Child

Please **initial** in the correct boxes below. Date:_____

My initials in box give permission for my child to travel to/from **our** kickoff, Sat, Sept 12 at the Magnus Center (between Clare and Harrison) from 10:45 - 3:00

☐ With mentors ☐ Ride With Parents ☐ Ride with _____

My initials in box give permission for my child to travel to/from **our** competition (TBD)

☐ With mentors ☐ Ride With Parents ☐ Ride with _____

Should you have any questions, please contact team mentor James Winkler at 989-600-7130 or jwinkler@clare.k12.mi.us .

☐ I have signed up myself and my child on FIRST.

☐ I also have signed the Consent and Release.

QR code to sign up for our team.

Medication:				
Dose/Directions:				
Purpose:				
Notes/Comments:				
Date:	Time:	Dose:	Initials:	Notes:
Medication:				
Dose/Directions:				
Purpose:				
Notes/Comments:				
Date:	Time:	Dose:	Initials:	Notes:
Medication:				
Dose/Directions:				
Purpose:				
Notes/Comments:				
Date:	Time:	Dose:	Initials:	Notes: