

2025

Student Last Name

Student First Name

Clare Shockwave



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: @ftclare)

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** 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:

