

Southwest Robotics, FIRST Team 2129

Health, Safety, and Liability/Medical Release Form

Student Name _____ Birth date ____/____/____

Allergies _____

Current Medications _____

Other medical conditions _____

Medical Insurance Company _____

Policy holder _____ Policy number _____

Student's primary physician _____ Phone # _____

Student's dentist _____ Phone # _____

Consent for Medical Treatment

I, the parent/legal guardian of above student, do hereby release, discharge and/or otherwise indemnify the Southwest Robotics Team and its mentors, students, and volunteers, and the Minneapolis Public Schools, against any claim by or on behalf of the student as a result of the student's participation on the team and/or being transported to or from the same, which transportation I hereby authorize.

Parent/Guardian Agreement

As the parent/legal guardian of above student participating on the Southwest Robotics Team, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent.

Parent/Legal Guardian (Please Print) _____

Parent Signature _____ Date: ____/____/____

Emergency Contact (Please Print) _____ Phone # _____

Media Consent

I, _____, parent of _____ do hereby give my permission to include photos/videos of my child in publicity for the Southwest Robotics FIRST Team 2129, including the team's website and in other printed and electronic materials. All photos used on the website will be designated only with the team member's first name and last initial.

Parent signature: _____ Date: ____/____/____