

# FRC Team 3193 2011-2012 Emergency Form

**Student's Name:** \_\_\_\_\_  
Last First Middle

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Birth Date:** \_\_\_\_\_ **Grade** \_\_\_\_\_ **Place of Birth** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Doctor's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Allergies (please list):** \_\_\_\_\_

**Medications:** \_\_\_\_\_

**Physical Disabilities:** \_\_\_\_\_

**Student is subject to motion sickness:** \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what medication does he/she take? \_\_\_\_\_

**Student may receive emergency First Aid:** \_\_\_\_\_ Yes \_\_\_\_\_ No

**Student may receive aspirin or Ibuprofen if necessary:** \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, what medication may he/she receive? \_\_\_\_\_

**Student may receive Dramamine, Midol, Pepto Bismol (or similar medication), cough syrup, or other such over the counter medications as may be necessary:**  
\_\_\_\_\_ Yes \_\_\_\_\_ No

(OVER)

In case hospitalization should be required, please list the companies holding your insurance policy and policy number:

Company \_\_\_\_\_ Policy/Group # \_\_\_\_\_

Company \_\_\_\_\_ Policy/Group # \_\_\_\_\_

Company \_\_\_\_\_ Policy/Group # \_\_\_\_\_

**\*\*\*\* PLEASE INCLUDE A PHOTOCOPY OF YOUR INSURANCE CARD/S \*\*\*\***

I hereby grant permission for my child, \_\_\_\_\_,  
to accompany Team 3193 on any trip during the 2011/2012 school year.

I understand the arrangements and believe that necessary precautions and plans for the care and supervision of my child during the trip will be observed. Beyond this, we will not hold the school or those supervising the trip responsible.

In case of serious illness or accident, school officials or representatives have permission to seek medical treatment for the above student.

Number/s to call in case of emergency:

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Signature of Parent/s or Guardian/s:

Name: \_\_\_\_\_ Date \_\_\_\_\_

Name: \_\_\_\_\_ Date \_\_\_\_\_