



Student Transportation & Medical Release Form

INSTRUCTIONS: Each medical release form must be complete before it will be accepted. Please type or print legibly in ink. **DON'T LEAVE ANYTHING BLANK!** We cannot assume that a blank space means "none," so if your answer is "none" or "not applicable," please write that in. Forms with missing information will be returned to you. This form will be used for all trips.

Name _____ Gender _____

Address _____ Birthday ____/____/____

City _____ State _____ Zip _____

Home Phone (____) _____ Cell Phone (____) _____

Emergency Contact _____

Relationship _____ Daytime Phone (____) _____

Evening Phone (____) _____

Medical Insurance Company _____ Address: _____

Phone: _____ Group #: _____ Policy #: _____

Physical Limitations and/or Special Instructions: (Asthma, diabetes, allergies, etc.): _____

List any medication you take on a regular basis and/or any you will bring with you this trip: _____

Date of Last Tetanus Shot: _____

PLEASE SUPPLY ALL THE FOLLOWING INFORMATION:

I, _____, parent and/or legal guardian of, _____ a minor, hereby acknowledge that said minor is presently under my care, custody, and control. I hereby give my child my express permission to attend a trip with **Greenwood Robotics**. I have listed the physical conditions and/or medical problems that may need attention, and all medications used by above minor. In the event there arises an emergency necessitation medical and/or surgical attention, I hereby consent and give my permission to the mentors of Greenwood Robotics or any attending physician to make such decisions and to perform such medical treatments and/or surgery upon said minor which may, in their sole discretion, be necessary and proper under the circumstances. I also consent and give permission for my child, **permission to travel with Greenwood Robotics**. I understand that the students will be transported in vehicles driven by adult mentors and other team parents. I do release, acquit, discharge, and covenant to hold harmless the staff of Greenwood Robotics from any and all actions, damages, liabilities arising out of the treatment of any sickness or accident incurred by said child.

Signature of Parent/Guardian

Date