

# Medical Release Form

## Elementary Robotics Camp

Please be specific. Too much information is better than too little.

Student Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent's Name \_\_\_\_\_

Medical Conditions \_\_\_\_\_

\_\_\_\_\_

Allergies to medications \_\_\_\_\_

\_\_\_\_\_

Allergies to food/pollens \_\_\_\_\_

\_\_\_\_\_

Health Insurance Company \_\_\_\_\_

Company Address \_\_\_\_\_

Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

Mom's Work # \_\_\_\_\_ Dad's Work # \_\_\_\_\_

Cell # \_\_\_\_\_ / \_\_\_\_\_

If parents cannot be contacted, who may we contact in case of emergency?

Name \_\_\_\_\_ Phone \_\_\_\_\_

IN CASE THE ABOVE STUDENT NEEDS MEDICAL ATTENTION, I GIVE  
PERMISSION FOR MEDICAL ASSISTANCE TO BE ADMINISTERED FOR MY  
SON/DAUGHTER.

\_\_\_\_\_

Parents printed name and signature

Date