TEAM 957 SWARM CONTACT AND MEDICAL FORM

Please print Legibly. One form per team member. All information must be completed (N/A if not applicable.)

Team Member Information

Name: ____________________________________
Address: ___________________________________
City: ________________________ Zip:__________
Student Cell #:______________________________
Student Email:______________________________
Parent Home Phone:__________________________
Parent Cell Phone:___________________________
Parent Email:_______________________________

High School:
___West Albany High School
___South Albany High School
High School Class:
___Freshman ___Sophomore
___Junior ___Senior

Team Member Insurance Information:

Insurance Company:____
Primary Insured:
____
ID#______________________________Group ID:______________
Secondary Insurance Company:____
Primary Insured:____
ID#______________________________Group ID:______________
Family Physician and phone number:
____
Emergency Contacts:
1.______________________________________ Phone:__________________________
2.______________________________________ Phone:__________________________

Please list all allergies, prescription medications or existing health condition(s) information which may be needed in case of a medical emergency.

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South and West Albany Robotics Team Emergency Medical Release:

As the parent/guardian of ___________________, should my child need medical attention, I understand every effort will be made to contact me. I hereby grant permission to the medical personnel selected by Albany Robotics Team (SWARM) Coach or designee to order emergency medical treatment, x-rays, routine tests, release of an personal information and to provide/arrange transportation for the above named. In my absence, I hereby give permission to the emergency personnel or physician selected by the SWARM designee to provide emergency medical treatment, hospitalization, order injection(s), anesthesia and/or surgery. I understand I will be responsible for all financial obligations incurred, if not covered by the insurance listed above.

I have read and reviewed the Albany Robotics Medical Emergency Release Statement.

Signature of Parent/Guardian __________________________________ Date: ________________