

## **AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT**

### **I. MEDICAL INFORMATION**

- a. Member name \_\_\_\_\_  
(last, first, middle)
- b. Name of Parent/Guardian \_\_\_\_\_  
(last, first, middle)  
Telephone Number: Day (\_\_\_\_) \_\_\_\_\_ Night (\_\_\_\_) \_\_\_\_\_
- c. Member's Allergies \_\_\_\_\_
- d. Member's Current Medications \_\_\_\_\_
- e. Member's Special Health Needs \_\_\_\_\_

### **II. EMERGENCY MEDICAL AUTHORIZATION**

I do hereby authorize Roseville FIRST Robotics Team FireBears, and its agents or representatives to consent, on my behalf, to any medical/hospital care or treatment to be rendered to him or her upon the advice of any licensed physician. I agree to be responsible for all necessary expenses incurred by any hospitalization or treatment rendered pursuant to this authorization.

### **III. MEDICATIONS**

I give Roseville FIRST Robotics Team FireBears, and its agents or representatives permission to administer the following medication to my child or legal ward according to the following instructions of her or his medical provider:

Medical Condition	Name of Medication	Dosage	When and How often dose is administered	Special Storage Requirements (i.e. refrigeration)

I give Roseville FIRST Robotics Team FireBears, and its agents or representatives permission to administer the following nonprescription medication to my child or legal ward as needed according to package instructions: (check all appropriate)    \_\_\_ Ibuprofen    \_\_\_ Acetaminophen    \_\_\_ Other  
(please specify) \_\_\_\_\_

The effective dates of this authorization are July 21, 2017 to July 22, 2017.

Date \_\_\_\_\_

\_\_\_\_\_  
(Signature of Parent or Guardian)



ROSEVILLE AREA SCHOOLS  
OVERNIGHT ACTIVITY CONSENT FORM

HOLD HARMLESS AGREEMENT

I understand my participation is voluntary. I know and am aware of all the dangers associated with my participation in this Activity and acknowledge that it is NOT an ESSENTIAL service provided by Roseville Area Schools District 623.

I understand and agree that neither Roseville Area Schools District 623 nor any person acting on behalf of the school district, may be held liable in any way for any event, which occurs in connection with the Activity, which may result in harm, death, injury, or other damage to me.

I understand in consideration of being allowed to participate in this Activity, I hereby personally assume all risks in connection with this Activity and I hereby release and hold harmless Roseville Area Schools District 623 and any person acting on behalf of the school district in this Activity from any liability for harm, death, injury, or other damage which may befall me during this Activity, whether foreseen or unforeseen, however caused and whether or not caused by the negligence of Roseville Area Schools District 623 or any person acting on behalf of the school district. This release does not apply to injuries as a result of willful, wanton, or intentional misconduct.

I understand that the terms herein are contractual and not a mere recital and that I sign this document as my own free act. I have fully informed myself of the contents of this affirmation and release statement by reading it before I signed it.

Activity \_\_\_\_\_ Date(s) of Activity \_\_\_\_\_

Participants Name \_\_\_\_\_ Age \_\_\_\_\_ Phone No. \_\_\_\_\_  
(Please print)

Address \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)

**SPECIAL NOTICE:** I understand it is my responsibility to communicate essential information regarding my child's health to the advisor.

I give permission for my child to receive medical treatment. In case of emergency contact:

(Name) \_\_\_\_\_ Phone Number \_\_\_\_\_

My child has special dietary or medical needs such as: \_\_\_\_\_  
\_\_\_\_\_

# Student Member Contract

**\*\*\*REQUIRED DOCUMENT\*\*\***

I \_\_\_\_\_, (print name) agree, as a member of Roseville FIRST Robotics Team FireBears, to follow all of the TEAM RULES below.

1. You are expected to co-operate with chaperones and mentors at all times. This applies to all students, being 18 or older does not make you solely responsible for yourself when traveling with or representing the team.
2. No Public Displays of Affection, Aggression or Annoyance (referred to as PDA's)
3. Be responsible & respectful for your own things and everyone else's. Rooms and other private/public facilities must be left in the same condition they were before you arrived or used them.
4. Follow FIRST'S rule - gracious professionalism – be courteous at all times to your teammates, mentors, chaperones, other teams and everyone that you meet when traveling. Be respectful of others at all times. Be responsible for what you say and do. When wearing a FireBears jersey you represent us all.
5. Follow the curfew rules. Curfew is 11:00 PM – you must be in your room by then. This time is subject to change by team leaders if there is a problem adhering to this.
6. Dress code – FireBears apparel must be worn at all times with jeans, slacks or shorts when traveling and at events. (Exception: team dinners or if team leaders make an exception). Wear comfortable shoes/sneakers because you will be doing a lot of walking. **NO OPEN TOED SHOES ALLOWED IN THE PIT.** Bring your own safety glasses and wear them in all designated areas.
7. No drugs, alcohol, or weapons (including toys) of any kind.
8. Inform your chaperone (who then informs Tom) of any illness or injury and if you are required to take prescription drugs when on the trip.
9. Buddy system – 2-3 students will be assigned an adult to travel to and from the events. You are not allowed to stay behind or to travel alone and will be expected to be up and ready to go each morning at the designated time.
10. You must have permission from either Tom Lageson or Mike Bagstad to leave the event area and you must ensure your chaperone is aware of your destination at all times. You are not permitted to go outside the venue alone.
11. No mixed couples alone in a room – doors left open when a group is in a room (applies to our team or when socializing with members from any other teams).
12. No Horseplay or being disruptive or disrespectful to other guests while staying in hotels (e.g. no yelling, running, throwing things off balconies, no congregation in public areas without prior approval and minimize the number of people in a room at one time).
13. No bad language or inappropriate gestures.
14. Conduct yourself in a safe manner in all situations when acting as a member of this team. Point out safety concerns to others immediately.

If I do not adhere to this conduct, I realize that my behavior may result in consequences up to and including termination of my team membership. When traveling, violation of these rules may include restrictions on activities up to and including being sent home at my parent or guardian's expense.

By: \_\_\_\_\_ (student signature) Date: \_\_\_\_\_  
\_\_\_\_\_ (parent/guardian signature) Date: \_\_\_\_\_

## Independent School District #623 Permission to Ride in a Private Vehicle

I hereby give permission for my son/daughter, \_\_\_\_\_  
(Student's Name)

to ride with \_\_\_\_\_ to and from the Gitchi Gummi Offseason Robotics Competition  
(Driver's Name) (Activity)

in Duluth, Minnesota on July 21st and July 22<sup>nd</sup>, 2017  
(Location of Activity) (Date)

**WE RELEASE THE DRIVER AND SCHOOL DISTRICT OF ANY LIABILITIES WHICH MAY RESULT FROM SUCH TRAVEL.**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date