

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 **March 7, 2018 to March 10, 2018.**

_____ 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: _____
