La Jolla High School Robotics Team Emergency Information Form

| I give permission for | to participate in various robotics |
|---|--|
| competitions during the 2017 - 2018 school yea | |
| My child may also take part in after scho | ol, before school, evening and weekend training or |
| practice sessions that deal with preparing for the | e science competitions. Additionally, permission is |
| | nuseums, colleges or other educational institutions. I |
| • | om meetings and take responsibility for picking up my |
| - · · · · · · · · · · · · · · · · · · · | s involved are volunteers and cannot and will not act as |
| a transportation service or supervise my child at | fter a meeting, work, or study session has ended. |
| · | place at La Jolla High School in the science, robotics, |
| • | s sessions may take place at the homes or workplaces |
| of the team coaches. So, please be prompt when making travel arrangements to or from study | |
| sessions. | g g |
| Different events require the use of scient | tific equipment, chemicals, hand, and power tools. I |
| · | present at these sessions and all appropriate safety |
| rules will be enforced and followed. Any student not able to meet the behavior or work habits | |
| necessary will be asked to leave so as not to en | ndanger people, equipment or supplies. |
| If an accident does occur, then permission | on is given for proper treatment to be applied. Parent |
| or guardian contact will be made as soon as pos | ssible, but medical treatment may be given if the |
| parents or guardians cannot be contacted. | , , |
| Melanie Saddler Jim Snook | |
| Robotics Advisor Robotics Mentor | |
| Mr. / Ms | |
| circle one Parent / Guardian Printed Name | |
| Parent / Guardian Signature | Date |
| | |
| Student Cell Phone | Parent Daytime Phone (cell/work) |
| | |
| Student Email | Parent Email |
| | |

Emergency Contact Phone

Home Phone