

SHAM-ROCK-BOTICS

2022-2023 Field Trip Permission Form

Student Name: _____

Dear parent/guardian of the student named above:

We request your permission for the SHAM-ROCK-BOTICS mentors to take your child on field trips as part of the FIRST Robotics Competition season during the 2022-2023 school year. Specific events will be communicated via email and can be found on the team calendar. Any violation of school policies or team handbook expectations will result in your child being sent home immediately at the expense of the parents/guardians.

By signing below, I give my permission for my child to attend events as a member of SHAM-ROCK-BOTICS and understand the parent expectations laid out in the SHAM-ROCK-BOTICS team handbook.

Parent/Guardian Printed Name

Parent/Guardian Signature

Date

In the event that school transportation is not available, mentor carpools may be needed to transport students. Please initial below to indicate if you will allow a SHAM-ROCK-BOTICS mentor or chaperone to drive your student in a personal vehicle. By giving permission, you assume all risks and hazards incidental to the associated event, including transportation to/from the event in a personal vehicle operated by the approved individual(s).

_____ I do NOT give permission for my student to ride with a mentor or chaperone

_____ I give permission for my student to ride with ANY mentor or chaperone

_____ I give permission for my student to ride with the mentor(s) or chaperone(s) named here:

Medical Release and Agreement to Accept Financial Responsibility

The undersigned, being parent/guardian of the student named above and having legal custody and who resides with me do give consent to an X-ray examination, anesthetic, medical, dental or surgical diagnosis and/or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician, dentist, or surgeon licensed to practice in medicine.

I further agree that I will assume all expenses involved in such medical/dental procedures and will not hold the SHAM-ROCK-BOTICS or its representatives liable for said expenses.

Parent/Guardian Printed Name

Parent/Guardian Signature

Date

List any information that an attending medical professional should be aware of (allergies, medications, etc.)

Name of Family Physician

Phone Number

Address

Health Insurance Company

Policy Name/Number

**Please allow your student to travel
with a copy of their insurance card**

Please initial below to indicate if SHAM-ROCK-BOTICS mentors or chaperones may administer basic over-the-counter medication (Tylenol, Ibuprofen, Tums, etc.) to the student above if the need arises:

_____ I do NOT give permission for my student to be administered basic over-the-counter medication

_____ I give permission for my student to be administered basic over-the-counter medication

If you have any questions, talk to a mentor or email shamrockbotics@gmail.com

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