

2026 QUASICS EMERGENCY MEDICAL FORM

STUDENT NAME	
BIRTHDAY	
ADDRESS	
HOME PHONE #	

PARENT / GUARDIAN NAMES:

NAME:	NAME:
MOBILE #	MOBILE #
WORK #	WORK #

EMERGENCY CONTACT NAME: _____

MOBILE #	WORK #
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PHYSICIAN / INSURANCE INFORMATION:

FAMILY DOCTOR _____

PHONE _____

INSURANCE PROVIDER _____

ID NUMBER _____ GROUP NUMBER _____

DOES YOUR INSURANCE REQUIRE ADVANCE NOTICE OF TREATMENT? YES / NO

(IF YES, PROVIDE NUMBER FOR NOTIFICATION: _____)

FOOD RESTRICTIONS (check all that applies):

☐ Does not eat red meat ☐ Does not eat pork ☐ Does not eat eggs
☐ Does not eat seafood ☐ Does not eat poultry ☐ Does not eat dairy

_____ Other

HEALTH HISTORY:

ALLERGIES (medication, food, or other): _____

LIST ANY PHYSICAL CONDITIONS THAT MAY BE RELEVANT: _____

MEDICATIONS: (Prescription medications must be in original container with physician orders)
(We also need any directions for how medications are to be taken)

The Gateway Robotics Coaching Staff and adult chaperones are able to provide only BASIC first aid in treatment of minor illnesses or injuries. All other First Aid treatment will be obtained from medical personnel on site, or transporting the student member to the nearest facility. Upon injury of a member, parents will immediately be contacted, regardless of the severity of the injury. Only after discussion with a parent will any type of medical assistance be permitted. Please discuss with your child any current medical problems they may have, thus enabling them to provide responsible and accurate information when required. If your child is taking prescribed or over the counter medications, this must be the responsibility of you and your child. All medications should be in their original container with the student's name and directions. Robotics Staff and adult chaperones may not legally administer these medications.

Parents/Legal Guardians must sign the following:

I/we hereby release the Gateway Robotics Staff and adult chaperones from any medical or legal liability while supervising Robotics team members, while unforeseen circumstances may result in injury or illness. In the event of an accident or illness, I hereby grant permission for my child to be transported to the nearest hospital or health facility for medical treatment and/or medicines as necessary.

PARENT/LEGAL GUARDIAN NAME: _____

PARENT/LEGAL GUARDIAN SIGNATURE: _____

DATE: _____