PARENT/GUARDIAN PERMISSION, WAIVER, AND MEDICAL AUTHORIZATION (ROBOTICS TEAM)

District-sponsored Events (Attendance Voluntary)

My son/daughter, _____ has my permission to be on the robotics team at Monta Vista High School.

Health Needs: Initial and complete as appropriate.

_____	My student has **NO** special health needs the staff should be aware of and **NO** medication is required.
_____	My student has a special health need. _____

In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medial staff of the hospital or facility furnishing medical or dental services.

As stated in California Education Code Section 35330, I understand that I hold the Fremont Union High School District, its officers, agents and employees, harmless from any and all liability or claims, which may rise out of, or occur, in connection with my student's participation in this activity.

I also understand and am fully aware that there may be periods of time during this activity in which my student has free time and is unsupervised, and that the District assumes no responsibility for the student's activities or behavior during this time. I fully understand that participants are to abide by the rules and regulations governing conduct while participating in any or all activities regarding Robotics.

As parents/guardians of the above named students, it is realized that being a member of the Robotics team has certain inherent risk and that reasonable attempts will be made to safeguard students and equipment, but that no amount of precaution taken by the instructors insure the safety if the student does not obey and cooperate and is unable to accept the responsibility for his/her own actions. It must also be understood that any student working with equipment, tools, machinery, **MUST** attend the workshops given by Advisor Ted Shinta. Only after approval by Mr. Shinta may your student be able to work with the fore said items. Doing so without prior approval may result in dismissal from the team, the individual sent home at parent's expense and possible suspension from school.

_____ _____

Parent/Guardian Signature Date

_____ _____

Student Signature Date

_____

Address Phone

_____ _____

Family Health Insurance Carrier Policy Number

Emergent Contact: _____

Name and Telephone number