
FRC TORBOTICS TEAM #2080

Safety Info Communication Form

Team Member Information

Team member's name: _____ Grade: _____

DOB: _____ Blood type: _____ Any known allergies? _____ No; If yes, please list below.

Any known medical conditions that require specific consideration? _____ No; If yes please on the below line.

Team member phone number: _____ Email: _____

Parent/Guardian Information

Parent/Guardian Name(s): _____

Phone #: _____ Can we send a text if needed? ___ Yes or ___ No

Email address: _____

Emergency Contact

Primary Contact: _____ Relationship to team member: _____

Daytime/Work phone #: _____ Evening phone #: _____

Secondary Contact: _____ Relationship to team member: _____

Daytime/Work phone #: _____ Evening phone #: _____

By signing below, you agree to allow our team to initiate emergency care for your student in the event that such is required. Multiple attempts will be made to all contact provided above to establish communication should an emergency occur. During a robotics competition, FIRST has emergency medical staff available to maintain everyone's safety.

Parent/Guardian Signature

Date

(Print above signature name here) : _____