



# TriSonics – FRC Team 4003

## CONSENT FOR MEDICAL / SURGICAL CARE / EMERGENCY TREATMENT AND CHILD'S MEDICAL INFORMATION

In presenting my son / daughter for diagnosis and treatment

Parent's Name: \_\_\_\_\_ for \_\_\_\_\_  
Mother Father Legal Guardian PRINT CHILD'S FULL NAME Son Daughter

of \_\_\_\_\_ years of age; hereby voluntarily consent to the rendering of such care, including diagnostic procedures, surgical and medical treatment, and blood transfusions, by authorized members of the hospital staff or their designees, as may in their professional judgment be necessary.

I hereby acknowledge that no guarantees have been made to me as to the effect of such examinations or treatment on child's condition.

I have read this form and I certify that I understand its contents.

We / I hereby give my consent to **Chad Potinsky and/or Chaperones of FRC Team 4003**  
(Name of Person, Agency)

who will be caring for our (my) child \_\_\_\_\_  
(Name of Child)

for the period **March 10, 2022 to April 30, 2022 during Allendale Robotics Trips only** to arrange for routine or emergency medical / surgical / dental care and treatment necessary to preserve the health of our (my) child.

We / I acknowledge that we are (I am) responsible for all reasonable charges in connection with care and treatment rendered during this period.

Hospital Preference (if time permits):			
Health Insurance Provider:			
Insurance Policy #:			
Family Physician:		Family Physician Phone #:	
Emergency Contact #1:		EC#1 Phone #:	
Emergency Contact #2:		EC#2 Phone #:	
List any health problems your child has that would be important for medical personnel to know:			
Date of Last Tetanus booster:			
List any medications that student is currently taking:			
List any known allergies:			

Signature: \_\_\_\_\_  
Mother, Father or Legal Guardian Date \_\_\_\_\_

Signature: \_\_\_\_\_  
Mother, Father or Legal Guardian Date \_\_\_\_\_

State of Michigan County of \_\_\_\_\_

On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared before me, \_\_\_\_\_ whose identity was proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this instrument.

Signed, sealed and acknowledged/delivered in the presence of: \_\_\_\_\_  
Notary Seal