

The PowerKnights require that everyone on the team has a completed health form and Over the Counter Medication form on file with the team.

## BOTH HEALTH FORMS MUST BE COMPLETED BY A PARENT OR GARDIAN REGARDLESS OF THE AGE OF THE TEAM MEMBER

If you are 18 years old we still request that a parent fill out the forms and sign them. We ask that these documents be typed out for ease of use, they are in fillable PDF form and can easily be filled out on a computer. Please remember they will be used in emergency situations and need to be easily read.

Please give complete information, this is the only source of information we have about your child's medical and emotional health needs.

### **Health Form**

The *Health Form* is a two-page (2pgs) fillable PDF and can be found on the team website at powerknights.com in the Resources tab, under Forms from the pull-down menu.

Please fill out the form, print out 2 copies, sign both, and have your child hand them in.

#### PLEASE, REMEMBER TO FILL OUT THE TETENUS SHOT INFORMATION

This is the most missed section, the form is not complete without it and will be returned to you if it is missing, which will delay your membership completion!

#### PLEASE PRINT 2 COPIES

# Over-the-Counter Medication Form

The **Over-the-Counter Medication** form is a fillable PDF and can be found on the team website at powerknights.com in the Resources tab, under Forms from the pull-down menu.

An email will be sent out with a link to the website and/or an attached fillable PDF of these documents.

Student Name:	
The Power Over-The-Counter Medica	Knights, Team 501 tion Permission Form 2018 - 2019
It is the policy of The PowerKnights, Team parent or legal guardian for a child to receil despressed learn medical contact.	out that we must have permission hors a child's to any over the counter medication from the
all consettions. Administration is based of	where have over-the-counter medication with them all in assessment of the symptoms and information fixed withregins itsel your child with not be carrying these
Please check off the over-dise-counter ined roce ve and return this form to the team me	catoris taked below that you authorize your check to dical contact perion.
PLEASE REMEMBER THAT WE CAN ON PERMISSION IF	LY GIVE MEDICATION WITH WRITTEN
Acepanalization (i.e. Typesg)	Antifactic Circlment () = Necessory)
Transfer (i.e. Ada) Motor)	Fightopolisate () + Cothorne creatt)
Wenthal Couch Dags	Calcian Antwas Tables   e. Turns)
Wenthal Cough Enops (sugar free)	Density/sol-Ide Get (Lc. 2% Diprentydramine HC)
provide it to the team modical contact persi- the medical contact person by the parent of	editories which a not lower blacke, you will need to on to be disconsed, the disclosm must be determed to ringel quardian in the original container and clearly improveded by a parent of legal guardian with the
Over The Counter medication not issed as	ove that will be provided by parent:
Special Instructions:	
Alergies	
Un the	am 501 medical contact person to give my child isolates i have anticated with a check mark of my
approval, including any modikations I have	Indicated in the "other" section
Panentilikuursian Signature:	0ate

If you need these documents emailed to you directly or you have questions or need further assistance please contact Diana Lynn The PowerKnights, Team 501, 4-H Organizational Leader at <u>dianacondon@comcast.net</u> or <u>dianachabotcondon@gmail.com</u> or 603-660-2405



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