

Student Information

Name of Organization: _____ Team #: _____

Team Onsite Contact: _____ Phone #: _____

Student Name: _____ D.O.B.(Day/Month/Year): _____

Health Card Number: **LEAVING THIS SECTION BLANK WILL CONFIRM THAT THE PARENT/GUARDIAN HAS CHOSEN NOT TO DISCLOSE THE CHILD'S CARD NUMBER:**

Medical Concerns: _____

Asthma? YES ___ Inhaler? Yes _____ Epi-pen? Yes ___

No ___ No _____ No ___

Allergies? _____

Emergency Contact Information:

Preferred Phone Number: _____ Secondary Phone Number: _____

Name: _____ Name: _____

Please note that the above information is provided voluntarily. The VEX Robotics team is responsible for being able to provide this information should the need arise. VEX Ontario Provincial Championship does not require this information to be turned in and will not request it unless necessary.