

# Mukwonago B.E.A.R.s Robotics Team 930 – Accident & Medical Form

We, \_\_\_\_\_ [names of parent(s) or guardian(s)],  
parents of \_\_\_\_\_ (name of student), who is attending the Camp C.U.B.,  
release all directors/staff members/ Mukwonago B.E.A.R.s Robotics Team 930, Rolling Hills  
Elementary School, all other sponsoring agencies and/or organizations and volunteers of any  
claim for damages, liability, injury, expense, or loss on account of any negligence or hold  
harmless those persons of the above stated organizations on any claim arising out of the Camp  
C.U.B. activities under this agreement. In case of accident or need for medical attention, we  
give permission to the Camp C.U.B. staff members to take our child,  
\_\_\_\_\_ (name), to a doctor, dentist and/or emergency medical facility.  
It is understood that the cost for treatment will be borne by the parent or guardian.

No medications will be given by Camp C.U.B. staff members. Parent(s)/Guardian(s) would need  
to personally administer any necessary medications to their child.

_____	_____	<b>Note: Both parents or legal guardians listed on form must sign.</b>
Father/Guardian's Signature	Date	

_____	_____
Mother/Guardian's Signature	Date

Please list any allergies your child has \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_