



# College Station ISD

## *CSHS Cougar Robotics*

### Medical Form

Name	School Year
Home Phone Number	Date of Birth
Address	
City, State, Zip	
Parent/Guardian Name	Parent/Guardian Phone Number
Emergency Contact	Emergency Contact Phone Number
Family Physician	Physician's Phone Number
Name of Person Responsible for Your Medical Bills (Guarantor)	Do you have any known allergies: If yes please list:
Guarantor's Employer	
Insurance Company	Do you have history of allergies, heart condition, diabetes, asthma, epilepsy, rheumatic fever other existing medical conditions? If yes, please explain.
Insurance Plan Number	
Insurance Group Number	
Insured ID Number	
Are you taking any medications? Are you currently under medical treatment? If yes, please explain.	Do you have any physical restrictions? If yes, please explain.

### Medical Authorization

In the event the parent/guardian cannot be contacted, we authorize the College Station ISD representative:

- a) To represent us before any medical institution where it may be necessary to send our son/daughter while he/she is under its care;
- b) To give, in our name, the necessary authorization for surgery or medical treatment in case of emergency, when medical authorities deem it indispensable;
- c) To represent us while he/she is under supervision of school activities

This medical form and authorization can be used by the sponsor of Cougar Robotics for multiple events over the course of the designated school year.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_



# College Station ISD

## *CSHS Cougar Robotics*

### Discipline Policy Contract

School Year: \_\_\_\_\_

#### Student Contract:

I, \_\_\_\_\_ hereby agree to the previous stated policy set forth by CSISD and the Cougar Robotics Club. In the event that I violate a major infraction I know that my parents/guardians and the proper CSISD administrators will be contacted and I will be sent home via bus or plane at my parent(s)/guardians(s) expense. I pledge to uphold the standards and policy set by CSISD and the Cougar Robotics Club.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Parent Contract:

I, \_\_\_\_\_ hereby  
(Print parent's name)

support and agree with the previously stated policy set forth by CSISD and the Cougar Robotics Club. I realize that in the event

\_\_\_\_\_  
(Print student's name)

violates any major infractions I will be contacted, appropriate CSISD administrators will be contacted and my son/daughter will be sent home via bus/plane at my expense. I have given an alternative emergency contact person in the event I am unable to be reached. I support the standards set forth by CSISD and the Cougar Robotics Club.

This contract can be used by the sponsor of a Cougar Robotics Club for multiple events over the course of the designated school year.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Alternative Emergency Contact Person: \_\_\_\_\_

Alternative Emergency Contact Person Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_