



# Medical Card for Robotics Team #1389

## PARTICIPATION FORM

Walt Whitman High MONTGOMERY COUNTY PUBLIC SCHOOLS • Rockville, Maryland 20850

**INSTRUCTIONS: This card should be kept on file in the medical kit for each student. It should accompany the student to the doctor or hospital if medical attention is required.**

Student Name:

Birth Date:

School Name: **WALT WHITMAN HIGH SCHOOL**

Student ID #:

Home Address:

Parent/Guardian Name:

Home #:

Work #:

Cell #:

Parent/Guardian Name:

Home #:

Work #:

Cell #:

**If parent cannot be reached, person to be contacted in case of emergency**

Name:

Relationship:

Home #:

Work #:

Cell #:

**REQUIRED:**

PLEASE PROVIDE A COPY OF STUDENT'S  
CURRENT **MEDICAL INSURANCE CARD** –  
**(FRONT AND BACK sides)**