

Rower Name: _____
Last, First

Emergency Medical Form 2018 – 2019

Rower's Name: LAST: _____ FIRST: _____ DOB: _____

Parent's Name: _____

Home Address: _____

City: _____ State: _____ ZIP: _____

Home phone: _____ Cell: _____ Work: _____

Parent's Employer: _____ Name of Insured: _____

Insurance Carrier Name: _____

Address: _____

Telephone: _____

Policy #: _____

Notify in Emergency: _____ Relationship: _____

Address: _____ Telephone: _____

Second Emergency Contact: _____ Relationship: _____

Address: _____ Telephone: _____

Family Physician: _____ Telephone: _____

Present State of Health: _____ Last Tetanus Date: _____

Allergies/Medical Conditions: _____

Medication(s) Being Used (include dosage/frequency): _____

AUTHORIZATION TO CONSENT TO TREATMENT OF ROWER

I, the undersigned parent or legal guardian of _____ ("Rower"), do hereby consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment which is deemed advisable by, and is to be rendered under the general supervision of a physician or surgeon. It is understood that this authorization is given in advance of any specific diagnosis or treatment being required. It is given to provide specific consent to any and all such diagnosis or treatment which the aforementioned physician or surgeon, in the exercise of his/her best judgment, may deem advisable, and neither the physician, surgeon, nor any organization involved assumes any financial responsibility for acting under the authority granted by this consent authorization. Furthermore, in the event of any emergencies during the First Coast Rowing Club activities, training and trips this coming season, August 1, 2018 through August 31, 2019, the undersigned hereby grants authority to be exercised at the discretion of the coaches/ chaperone(s) to dispense over-the-counter medication (for example, Tylenol, Ibuprofen, Pepto-Bismol, cough medicine, etc.) as needed to the Rower.

Name of Minor Rower

Signature of Parent of Legal Guardian

Date

