

EMERGENCY MEDICAL INFORMATION

PARTICIPANT: _____ M/F _____ DOB _____
HOME ADDRESS _____ CITY, STATE, ZIP _____
NAME OF SCHOOL _____ CURRENT GRADE _____
MOTHER EMAIL _____ FATHER EMAIL _____
PARTICIPANT EMAIL _____
LIST ALL HEALTH CONCERNS: _____

KNOWN ALLERGIES; _____
CURRENT MEDICATIONS _____

PERSONS WHO HAVE AUTHORITY TO MAKE DECISIONS IN AN EMERGENCY INVOLVING THE PARTICIPANT

Mother: Home _____ Work _____
Place of Employment _____
Father: Home _____ Work _____
Place of Employment _____

PLEASE COMPLETE EITHER PART 1 OR PART 2 BELOW REGARDING EMERGENCY MEDICAL TREATMENT

Part 1: In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for treatment deemed necessary by the preferred doctor indicated, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist:
and 2. The transfer of my athlete to any reasonably accessible hospital.

I consent for the following care providers to be called.

Preferred Physician _____ Phone _____
Preferred Dentist: _____ Phone _____
Parent Signature _____

Part 2.: I DO NOT give consent for emergency medical treatment of the Participant. In the event of illness or injury, Big Red Crew is to take the following action

Parent Signature _____

PLEASE COMPLETE INSURANCE INFORMATION

Part 1: Listed below is the insurance company and policy number of the contract we have in force, the schools accident policy, which will pay the medical and surgical expenses that result from any injury, major or minor, that the above named participant may receive as a result of practicing or performing in rowing or all other activities related to rowing with Big Red Crew. This insurance will also cover the above named participant while traveling to or from practice sessions, or scheduled events. Since we have an insurance policy that will provide adequate financial coverage for any type of injury or injuries or whatever might result there of, we, the parent release the Big Red Crew, its officers, coaches, volunteers, and participants or any other part thereof, from any obligations that pertains to financial responsibility in these matters.

Insurance Company _____
Policy # _____
Parent Signature _____