



MEDICAL INFO AND AUTHORIZATION FORM

Rower Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Rower's Home Phone: _____

Pager or Cell in case of emergency: Mother _____ Father _____

Special Medical Conditions: _____

Date of Last Tetanus Shot: _____

Medical History: (to be completed by Parent/Guardian)

Please answer the following questions and explain any **YES** answers:

YES NO 1. Have you ever been hospitalized? _____

YES NO 2. Do you have any chronic or ongoing illness? _____

YES NO 3. Have you ever had or been advised to have surgery? _____

YES NO 4. Have you ever passed out during exercise? _____

YES NO 5. Have you ever had a chronic cough or recurrent bronchitis? _____

YES NO 6. Have you ever had a bone or joint disorder, fracture, broken bone, dislocation, trick joint or arthritis?

YES NO 7. Are you allergic to any medication? _____

YES NO 8. Do you have any other allergies? _____

YES NO 9. Are you taking any medications regularly?

Medicine _____ Doctor's Name _____

DOSAGE _____ Doctor's Phone Number _____

The above-named rower has my permission to receive or take any over-the-counter medication (ibuprofen, Benadryl, cold medicine, etc.) as needed under the supervision of a coach or a chaperone. **Parent Initial** _____

Health Insurance Information – Please attach a copy of the insurance card

Insurance Company: _____ Policy #: _____

Name of Insured: _____

Permission is hereby granted to proceed with any medical treatment deemed necessary for the above named rower in an emergency situation. I understand that I will be responsible for the payment of any and all bills resulting from such treatment. I also certify that the above information is complete and accurate.

Parent/Guardian Signature: _____ **Date:** _____