

Maritime Rowing Club/New Canaan Crew Emergency Medical Authorization

Participant: _____
Last First Middle

Address: _____
Street City State Zip

I authorize the coaches of the Maritime Rowing Club to make decisions to proceed with any emergency medical treatment deemed necessary, provided that reasonable attempts to contact me, or any other contacts listed, have been made. The coaches have my permission to give over-the-counter medications stocked in the medical training kit. Initials _____

Medications currently being taken: _____

Are there any medical conditions that the Maritime Rowing Club should be aware of?

Emergency Contact Information _____
(if parent is not available) Name home # cell #

Physician: _____
Name/Telephone

Address: _____
Street City State Zip

Dentist: _____
Name/Telephone

Address: _____
Street City State Zip

Insurance: _____
Name of Insurance Provider Policy Number Telephone

PO Box or Street Address, City State Zip

Parent's Signature Home # Cell# Work#