



STOCKTON ROWING CLUB

MEDICAL CONSENT FORM

Dear Parent/Guardian

Your son/daughter is below the legal age of consent (18). The law requires that we have your permission to give medical service should the need arise. Your signature on the consent form will authorize us to proceed with the care of the lesser types of problems which may occur. In the event of any major health problems, we will notify you as promptly as possible and follow your instructions. If we are unable to contact you or your alternative listed below your child will be taken to the nearest emergency room facility.

Athlete Last Name: _____ First Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____

Parent/Guardian: _____ Cell: _____

Parent/Guardian: _____ Cell: _____

IN CASE OF AN EMERGENCY, PERSON TO CONTACT IF PARENTS/GUARDIANS CANNOT BE REACHED

Name: _____ Cell: _____

Relationship: _____

Name: _____ Cell: _____

Relationship: _____

Does your child have any severe medical problems? (for example: asthma, allergies, allergies to drugs, heart trouble, epilepsy, diabetes, physical disability, etc.?) Please specify:

Should there be any limits on your child's physical activity? If so, what are they?

(Medical Consent Form continued)

Has your child had any serious illness/injury in the last three years? If yes, please explain:

At the present time, is your child under a doctor’s care? If yes, for what?

Is your child taking any medications? If yes, please explain:

When was the last time your child had a complete physical examination?

Date: _____ Doctor: _____ Phone: _____

Medical Insurance Information

Name of Insurance Company: _____

Insurance Company Phone Number: _____

Member ID No.: _____ Group No.: _____

Please list any other information of importance:

I do hereby authorize the performance of medical examinations and necessary treatments (including tests, x-rays, drugs, etc...) as may be deemed advisable or necessary by the physician in attendance. This consent shall be in effect for the period of time that my child participates in Stockton Rowing Club Activities. If an emergency arises requiring a major surgical procedure, the coaching staff will attempt to reach me and be guided by my wishes; if I cannot be reached, I authorize the attending physician to act as medical judgment may dictate.

Parent/Guardian Signature: _____

Date of Consent: _____