

TRIANGLE ROWING CLUB

PHYSICAL FORM AND EMERGENCY MEDICAL RELEASE

Rowing Season 20__ - 20__

Rower's Name _____ Grade _____ Date of Birth _____

Parent/Guardian _____

Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Emergency Name and phone number other than Parent/Guardian _____

1. MEDICAL INFORMATION COMPLETED BY PHYSICIAN

Height _____ Weight _____ Date of last tetanus shot _____

Is patient currently taking or required to have access to prescribed medication? If yes, please list medication(s)

Allergies to medications _____

Are there any significant physical limitations or medical conditions, for example; asthma, seizures, diabetes?

If yes, please explain _____

Physician comments: _____

Competitive rowing involves prolonged high intensity exercise. I certify that I examined _____

and that he/she is physically capable to enroll and compete in supervised rowing activities.

Date of exam _____

MD print name _____

MD signature _____

2. MEDICAL INFORMATION COMPLETED BY PARENT/GUARDIAN

Does the rower have any significant physical limitations or medical conditions, for example; asthma, seizures, diabetes? If yes, please explain _____

Rower must have rescue medication available if prescribed.

Is the rower allergic to any of the following; insect bites, food, or drugs? (Yes or no) if yes, list allergies _____

Does the rower have any other allergies? (Yes or no) if yes, list allergies _____

Is the rower currently taking any medication prescribed by a Physician? List medication(s) _____

Has the rower sustained any of the following injuries?

Dislocation of a joint? (Yes or no)

Describe _____

Broken bone? (Yes or no)

Describe _____

As parent/guardian of the athlete herein, I further state that I will accept full responsibility for the cost of treating any injury the student athlete identified herein might suffer while participating in the rowing program and have insurance coverage identified below:

Name of insurance company _____ Policy# _____

Insurance company phone # _____ Policyholder's name _____

Family Doctor _____ Phone # _____ Hospital preference _____

EMERGENCY MEDICAL RELEASE

Triangle Rowing Club (TRC) requires the parents/guardian of all rowers to allow permission to obtain emergency medical treatment in the event it becomes necessary. This form must be filled out for your student athlete to participate in crew. As we have all experienced, accidents, however minor, do happen. TRC needs to be aware of the necessary procedures you wish to follow should the need arise. Please provide the information requested below. In the event that emergency medical treatment becomes necessary at an out-of-area regatta, TRC will secure treatment at the nearest possible facility to the race site.

Please notify our Membership Chairperson of any changes in insurance, etc.

TO WHOM IT MAY CONCERN:

I grant my consent for TRIANGLE ROWING CLUB to obtain emergency medical treatment for my son/daughter, _____, throughout this rowing season with Triangle Rowing Club and I will be liable for all expenses incurred for such treatment.

Parent Signature _____ Date _____

3. COPY OF YOUR MEDICAL INSURANCE CARD. (Please attach to this form)