

PACIFIC ROWING CLUB

Emergency & Medical Release Form

<input type="checkbox"/> NM
<input type="checkbox"/> NW
<input type="checkbox"/> VM
<input type="checkbox"/> VW

Rower

Last Name \_\_\_\_\_ First \_\_\_\_\_

Date of Birth \_\_\_\_\_

Medical Information

Medical Condition(s) \_\_\_\_\_

Allergies \_\_\_\_\_

Name and dosage of current medications \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Primary Physician \_\_\_\_\_ Phone \_\_\_\_\_

Medical Insurance \_\_\_\_\_ Policy Number \_\_\_\_\_

Name of Group \_\_\_\_\_ Group Number \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Dental Insurance \_\_\_\_\_ Policy Number \_\_\_\_\_

**Inherent Danger:** Rowing is an intensely physical sport on open water. Injuries may occur, and include, but are not limited to disability or death.

**Consent to Medical Treatment:** The undersigned Parent/Guardian authorizes the Pacific Rowing Club or any of its representatives who have an original or a copy of this document to consent, on behalf of the Rower, to any x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care that is deemed advisable by, and is to be rendered under the general or specific supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act of the laws of the state or country in which medical care is being sought; or to consent to any x-ray examination, anesthetic, dental or surgical diagnosis or treatment to be rendered to the Rower by any dentist licensed under the Dental Practice Act or the laws of the state or country in which the dental care is being sought.

The Parent/Guardian understands that this authorization is given in advance of any x-ray examination, anesthetic, medical or surgical diagnosis or treatment or hospital care being required and is given to provide authority and power on the part of PRC to give specific consent to any such examination or treatment which, in the exercise of best judgment, is deemed advisable. Neither PRC, nor any organization involved assumes any financial responsibility for exercising this action. This authorization is given voluntarily with full knowledge of its significance. I have read and understand all of its terms.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

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