

**EMERGENCY INFORMATION**

**Rower's name** \_\_\_\_\_

Rower's physician's name \_\_\_\_\_

Rower's physician's telephone \_\_\_\_\_

Does the Rower have any pre-existing medical conditions (circle one)? Yes No

If yes, please describe: \_\_\_\_\_

Is the Rower currently taking any medications (circle one)? Yes No

If yes, please describe: \_\_\_\_\_

Is the Rower allergic to any medications (circle one)? Yes No

If yes, please describe: \_\_\_\_\_

Does the Rower have any other allergies (circle one)? Yes No (Examples: food, animals, plants, etc.)

If yes, please describe: \_\_\_\_\_

In the case of a medical emergency, I authorize coaches of Utah Crew to seek medical attention and/or treatment for my child/ward.

Parent's/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**\*Please note if your child has a prolonged illness (over 3 days) or injury, a medical release from their medical provider will be required to return to practice and competition.**