

RESILIENT ROWING

PARENTAL PERMISSION FOR EMERGENCY MEDICAL TREATMENT OF A MINOR

I (we) the undersigned parent, parents, or legal guardian(s) of, _____ a minor, do hereby authorize and consent to any medical, x-ray examination, anesthetic, or surgical diagnosis rendered by or under the general or special supervision of any member of the medical staff and emergency room staff of any acute general hospital holding a current license to operate (US or Foreign) and that I (we) agree to be responsible for the cost of such treatment. It is understood this authorization is given in advance to any specific diagnoses, treatment, or hospital care being required but is given to provide authority and power to render care which the aforementioned medical staff in the exercise of his/her best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned before rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. (Signature below)

The above athlete is covered for accident & medical insurance benefits:

(Insurance Company) (Policy Number) (Rower DOB)

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Allergies to Foods, Medications, Bee Stings, etc. (If none, so state): _____

Special Medical Issues (If none, so state): _____

Does Athlete Carry Medications on Person? (If none, so state): _____ **Date of Last Tetanus Shot:** _____

Medication: _____ **Purpose:** _____

Medication: _____ **Purpose:** _____

Family Physician: _____

Office Name & Address: _____

City, State, Phone: _____

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Parent / Guardian Signature: _____ **Date:** _____

Print Name of Parent Signing: _____ **Relationship:** _____

Home Address: _____

Phone Number(s): _____

Other Emergency Contact(s): _____