

**MEDICAL INFORMATION AND RELEASE FORM**

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Social Security: \_\_\_\_\_

Name and dosage of any Medications: \_\_\_\_\_

\_\_\_\_\_

Drug allergies: \_\_\_\_\_ Blood type (if known): \_\_\_\_\_

Any other medical information – in particular anything that might affect this rower’s participation in specific training and rowing activities that the coach should be aware of: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Medical Release**

I, \_\_\_\_\_, parent / legal guardian of \_\_\_\_\_, a rower or rowers at the SDRC Juniors Program hereby consents to any emergency x-ray, anesthetic medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of any physician and surgeon licensed under the provision of the Medical Practice Act. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care begin required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable; and neither said agent or any organization involved assumes any financial responsibility for exercising this action. This authorization is given pursuant to the provisions of Sections 25.8 of the Civil Code of California.

My child is in good health, and I know of no reason why he/she would be incapable of participating in activities. My child knows how to swim. I understand that I am responsible for informing the coaches of any health condition that may limit the named rower’s participation in this sport. If a change in this condition occurs, I will immediately inform the coaches in writing.

Signature \_\_\_\_\_

Date \_\_\_\_\_