Emergency Medical Authorization

Water Sports Center
New Canaan Crew
Maritime Rowing Club

Participant: _____
(Print) Last First Middle

Address: _____
(Print) Street City

Phone Numbers: _____
Home Parent Cell Parent Work

During _____ participation with New Canaan Crew or Maritime
(Participant's name)
Rowing, I/we authorize the coaches of New Canaan Crew and Maritime Rowing Club to make decisions to proceed with any emergency medical treatment deemed necessary, provided that reasonable attempts to contact me/us, or any other contacts listed, have been made.

The coaches have my/our permission to give _____ over-the-counter
(Participant's name)
medications stocked in the medical training kits: Y N Initials_____

Medications currently being taken: _____

_____

Are there any medical conditions that New Canaan Crew/Maritime Rowing Club should be aware of?

_____

_____

Please list any food or drug allergies:_____

_____

Physician: _____
(Print) Name Telephone

Dentist: _____
Name Telephone

Insurance: _____
(Print) Name of Insurance Provider Policy Number Telephone

EMERGENCY CONTACT Information

_____
Name Home # Cell # Work #

_____
Name Home # Cell # Work #

Signature: _____
(Parent/Guardian) Date