

North Allegheny Rowing Association

Emergency Medical Contact Information

Date: _____ Student ID #: _____ Current Grade: _____

Rower's:

Last Name: _____ First Name: _____ (Male Female)

Address: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____ Date of Birth m/d/yr _____

Parent/Guardian:

Name: _____ Relationship: _____ Email: _____

Address: _____

Home Phone: _____ Work/Cell Phone: _____

Name: _____ Relationship: _____ Email: _____

Address: _____

Home Phone: _____ Work/Cell Phone: _____

Emergency Contact:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Medical Information:

Family Physician: _____ Address & Phone: _____

Medical Insurance Carrier: _____ I.D.# _____

Address & Phone: _____

Student Health Condition(s): _____

Student Allergies: _____

Student Prescription Medications: _____

If requested by my child, I give permission to the NARA coaches and trip chaperones to provide the following over-the-counter medications to my child:

Ibuprofen: YES NO Acetaminophen: YES NO Antacids: YES NO Roloids (contain aspirin): YES NO

Permission to administer emergency medical care: I consent for an emergency medical care provider to administer any emergency medical care deemed advisable to the welfare of the herein named student while the student is practicing for or participating in Inter-School Practices or Scrimmages and Contests. Further, this authorization permits, if reasonable efforts to contact me have been unsuccessful, physicians to hospitalize, secure appropriate consultation, to order injections, anesthesia (local, general, or both) or surgery for the herein named student. I hereby agree to pay for physicians' and/or surgeons' fees, hospital charges, and related expenses for such emergency medical care.

Parent/guardian name (printed) _____

Parent/guardian signature _____

Date signed _____