



Rowing Practice Emergency Information

Today's Date _____

Parents, please complete this form so that in case of an emergency during practice the coaches can best assist your rower. This form will be kept in a secure, confidential area on site in the boat house shed. We will need a second more comprehensive health form for regattas.

Rower Information

Name _____
Address _____
City _____ State _____ Zip _____
Birthdate _____ Home Phone # _____

Emergency Contact Information

Parent Name _____ Phone #1 _____ Phone #2 _____
Parent Name _____ Phone #1 _____ Phone #2 _____

Additional Emergency Contacts

Name _____ Phone #1 _____ Phone #2 _____
Relationship to Rower _____
Name _____ Phone #1 _____ Phone #2 _____
Relationship to Rower _____

Physician _____ Phone # _____
Dentist _____ Phone # _____

Health Information

Does the rower have any medical **conditions** that should be known to health care officials in the case of an emergency? _____

Is the rower taking any **medications** that should be known to health care officials in the case of an emergency? _____

Does the rower have any **allergies**? _____

Updated March 15, 2011