



South Jersey Rowing Club

PO Box 442, Mt. Laurel, NJ 08054

www.southjerseyrowing.org

MEDICAL RELEASE AND TREATMENT CONSENT

I hereby authorize any qualified emergency medical technician, first aid provider and/or physician and/or his/her consulting physicians, to administer emergency care to the above named student-rower, to render any treatment or medical care to the above named student-rower, to render any treatment or medical or surgical care that they deem necessary to protect his/her health and well-being, and to arrange for any consultation by medical specialists, including surgeons which they deem necessary to insure the proper care and treatment of any injury.

I understand that the terms hereof apply to any injury, illness or other medical problem or emergency that arises as a result of or in connection with any aspect of athletic participation for South Jersey Rowing Club including tryouts, practice, conditioning, meetings, games, and travel. I also understand that reasonable efforts will be made to contact parents or legal guardians before any serious or involved medical treatment.

Please take the time to read and circle the correct responses:

NO YES Dont Know

1. Has anyone in the athlete's family (grandparents, mother, father, brother, sister, aunt, uncle) died suddenly before age 50?	
2. Has the athlete ever stopped exercising because of dizziness or passed out during exercise?	
3. Does the athlete have asthma (wheezing), hay fever or coughing spells after exercise?	
4. Has the athlete ever had a broken bone, had to wear a cast, or had an injury to any joint?	
5. Does the athlete have a history of concussion (being knocked out)?	
6. Has the athlete ever suffered a heat-related illness (such as heat stroke or heat exhaustion)?	
7. Does the athlete have a chronic illness or see a doctor regularly for any particular problem?	
8. Does the athlete take any medication(s)?	
9. Is the athlete allergic to any medications or bee stings?	
10. Does the athlete have only one of any paired organs (eyes, kidneys, testicles, ovaries, etc.)?	
11. Has the athlete had an injury in the last year that caused the athlete to miss three or more consecutive days of practice or competition?	
12. Has the athlete had surgery or been hospitalized in the past year?	



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13. Has the athlete missed more than five consecutive days of participation in usual activities because of an illness, or has the athlete had a medical illness diagnosed that has not been resolved in the past year?	
14. Are you, the athlete, worried about any problem or condition at this time	
15. Does the athlete have diabetes?	
16. Is there a family history of diabetes?	

******Please give details on any "YES" answer from the above health history.**

Rower Name

Parent/Guardian Name

Date

By completing and submitting this form I agree to all statements shown above.