

EMERGENCY INFORMATION

Rower's name _____

Rower's physician's name _____

Rower's physician's telephone _____

Does the Rower have any pre-existing medical conditions (select one)? Yes _____ No _____

If yes, please describe: _____

Is the Rower currently taking any medications (select one)? Yes _____ No _____

If yes, please describe: _____

Is the Rower allergic to any medications (select one)? Yes _____ No _____

If yes, please describe: _____

Does the Rower have any other allergies (circle one)? Yes _____ No _____
(Ex: food, animals, plants, etc.)

If yes, please describe: _____

In the case of a medical emergency, I authorize coaches of Utah Crew to seek medical attention and/or treatment for my child/ward.

Parent's/Guardian's Signature: _____

Date: _____

***Please note** if your child has a prolonged illness (over 3 days) or injury, a medical release from their medical provider will be required to return to practice and competition.