

Emergency Information

Rowers Name _____

Rowers Address: _____

E-Mail Address: _____

Parent/Guardian: _____

Daytime phone: _____ Cell phone: _____

Parent/Guardian: _____

Daytime phone: _____ Cell phone: _____

Other Emergency Contact: _____

Daytime phone: _____

Relationship to Rower _____

Health Insurance Company: _____

Policy/Group/Employee No.: _____ Phone: _____

Insured's name: _____

Rower's Doctor: _____

Allergies: _____

Medications: _____

Medications the student will be carrying: (i.e. inhaler):

List any other health issues we should be aware of:

I give the directors and coaches of Lake Ridge Community Rowing Club permission to summon an ambulance in case of an emergency. If I cannot be reached, I give the medical staff at the hospital permission to provide treatment that a physician deems necessary for the well being of my rower.

Parent signature

Printed name

Date