

**THIS MUST BE COMPLETED BY PARENT OR GUARDIAN – RETURN TO CLUB**

**USC CREW TEAM – MEDICAL INFORMATION AND PERMISSION FORM**

We (I) give permission for our (my) daughter/son \_\_\_\_\_ to attend and participate in Upper St. Clair Crew Team functions and regattas with the coach.

Also, if needed, we (I) give permission for emergency medical treatment to be administered.

Our family physician is: \_\_\_\_\_  
NAME PHONE

Our medical insurance carrier is: \_\_\_\_\_  
NAME OF CARRIER  
\_\_\_\_\_  
Group Number Identification Number

Also, our (my) child has had an up-to-date physical and is known to be in good physical condition. If our (my) child has a chronic condition (example: asthma, etc.), any medications or treatment he/she is currently taking is listed.

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Medications or treatments that our (my) child is currently taking: \_\_\_\_\_

Known sensitivity/allergic conditions to foods, environment or medications: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_ Other medical conditions that would be helpful to know: \_\_\_\_\_

Signatures of parent(s) or legal guardian(s):

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Home Address Home Phone/ Cell Phone

\_\_\_\_\_ Work Address (Mother) Work Phone (Mother)

\_\_\_\_\_ Work Address (Father) Work Phone (Father)

Emergency contact in the event the parents or guardians cannot be reached:

\_\_\_\_\_  
Name Relationship Phone