

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: _____

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