

PARENTAL AUTHORIZATION FOR PARTICIPATION & MEDICAL TREATMENT

IN THE EVENT THAT A MEMBER OF THE ERIE CANAL ROWING CLUB OF ROME, NEW YORK BECOMES SICK OR INJURED DURING ATHELETIC PARTICIPATION, ALL REASONABLE EFFORTS WILL BE MADE TO CONTACT YOU AND OBTAIN ANY REQUIRED CONSENTS FOR MEDICAL CARE. IN SITUATIONS WHERE YOU CAN NOT BE CONTACTED FOR SPECIFIC CONSENT TO TREATMENT, AND SUCH DELAY CREATES A RISK TO THE MEMBER'S LIFE OR HEALTH, THE ERIECANAL ROWING CLUB'S REPRESENTATIVES WILL USE THE AUTHIRITY YOU GRANT THEM BY THIS FORM TO OBTAIN APPROPRIATE MEDICAL CARE AND TREATMENT FOR THE MEMBER.

Club President

PARENTAL AUTHORIZATION FOR PARTICIPATION:

I/We _____ the parent(s)/guardian(s) of _____

Hereby give my/our permission for him/her to participate in crew (rowing) for the _____ season.

Signature(s)

Date

Address

Phone: Business/Home

AUTHORIZATION FOR MEDICAL TREATMENT:

I/We _____, the parent(s)/guardian(s) of _____ hereby acknowledge that I/We may not be available to provide consent for medical treatment in the event our child becomes sick or is injured during the athletic participation authorized above. In the event I/We are not available for such consent it is my/our desire to have the best available medical treatment for my/our child. THIS FORM HEREBY AUTHORIZES THE ERIE CANAL ROWING CLUB REPRESENTATIVE(S) NAMED BELOW TO ACT ON MY/OUR BEHALF WITH RESPECT TO ANY REQUIRED MEDICAL TREATMENT DECISIONS AND CONSENTS, UNTIL SUCH TIME AS I/WE ARE ABLE TO PROVIDE THESE ITEMS. NOTICE IS HEREBY GIVEN TO ANY QUALIFIED MEDICAL PERSONNEL, THAT THIS AUTHORIZATION IS CURRENTLY IN EFFECT, AND SUCH PERSONNEL ARE DIRECTED TO ACT UPON SUCH AUTHORIZATION WITHOUT DELAY.

Designated Erie Canal Rowing Club Representative(s)

Parent(s)/Guardian(s) Signature

Date

Insurance Carrier

I. D. Number

Group Number

Allergies

Phone Numbers: Business/Home