



Medical Authorization and Insurance Form North Palm Beach Rowing Club Juniors

Student Information

Name: _____ SSN: _____
Address: _____
City: _____ State: _____ Zip: _____
Date of Birth: _____ Age: _____ Home Phone: _____

Parents'/Guardian's Information

Name: _____ Name: _____
Address: _____ Address: _____
Work phone: _____ Work phone: _____
Cell phone: _____ Cell phone: _____

Physician Information and Medical History

Family Physician: _____ Phone: _____
Emergency Contact: _____ Phone: _____
Allergies: _____
Allergies to medications: _____
Special Medical Conditions: _____

Health Insurance Information

Insurance Company: _____ Policy #: _____
Name of Insured: _____
Current Medications: _____

In the event a athlete is required to take prescription medication while present at a team activity, a written notice is to be provided to the head coach explaining the use and frequency of use of the medication.

In the absence of any explicit directions from me, _____ has my permission to receive or take any over the counter medication as needed under the supervision of a coach or chaperones. I do delegate the North Palm Beach Rowing Club's (NPBRC) Junior Coaches and chaperones the appropriate legal authority to act in *loco parentis* while my child is participating in an organized NPBRC Event. Specifically, I hereby allow drugs and surgery, recommended by competent and legal licensed medical personnel, in any situation in which it is deemed necessary. I understand that I will be responsible for the payment of any and all bills resulting from such treatment.

I certify that the above information is complete and accurate.

Parent/Guardian Signature: _____ Date: _____