



Medical Authorization

Rower's name: _____

Please list any medical conditions, allergies, medications, or other information that a first responder or first aid provider should know prior to rendering aid in the event of an emergency.

First number to call in the event of an emergency: _____

Authorization:

In case of emergency, I understand that in the event I cannot be reached, I hereby authorize the board members, coaches, or other representative of North Palm Beach Rowing Club, as agents for the undersigned, to act in *loco parentis* while my child is participating in an organized NPBRC event under their supervision and to facilitate treatment by competent and licensed medical personnel in any situation it is deemed necessary. I understand that I will be responsible for the payment of any bills resulting from emergency treatment.

I certify that the above information is complete and accurate to the best of my knowledge on the date indicated.

Signed,

Parent's Signature

Printed name

Dated _____