



## Great Bridge Crew Club Rower Medical & Emergency Contact Information Sheet



Rower Information				Parent Information				
Name (Last, First)				Father Name				
Birth date				Mother Name				
Address				Address				
Phone (h)				Father Work				
cell				Mother Work				
Rower Email				Father cell				
Grad Yr.				Mother cell				
Mother Email				Father Email				
Uniform Info	Height		Weight		Chest		Waist	
	Inseam		Hips		Bust		Body Type	
	T-Shirt	<b>S</b> <b>M</b> <b>L</b> <b>XL</b>	Pants		Sleeve			

Emergency Contact Information	
Emergency Contact Name	
Phone Number	
Relationship to Rower	
Medical Information	
Physician Name / Group	
Physician Phone Number	
Dentist Name / Group	
Dentist Phone Number	
Insurance Co.	
Policy/Group #	
<i>Please list below any and all medical information that a doctor or EMT may need in the event of an emergency.</i>	
Allergies	
Date of Last Tetanus	
Medications Currently Taking	
Prescription / Dosage	
Over the Counter	
Recent Medical Issues	
Known Medical conditions	
Other (Asthma, Contacts, etc.)	

This permission will be used only if a team member is injured and parents or guardians cannot be reached to obtain permission for emergency treatment.

We the parents or guardians of \_\_\_\_\_ grant permission to authorized GBCC Representatives to sign for necessary medical attention while participating in Crew for \_\_\_ (yr.)

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Thank you for your cooperation. All of the above information is confidential and will be treated as such. If you have any questions or concerns, please contact a Coach or the Club President.