



Norwalk River Rowing Association

Emergency Card

Athlete's Name Last			MI	First	
Birth Date / /			Home Telephone		
Address		City		Zip	
SSN					
Insurance Company			Group #		
Certificate #			Insurance Type		
Employer of Policy Holder			Policy Holder		Policy Holder ID#
Doctor's Name (First Choice)			City		Dr's Phone #
Doctor's Name (Second Choice)			City		Dr's Phone #
Dentist			City		Dentist's Phone #
In case of emergency (Call first)			City		Tel #
Father or Guardian			Home Tel #		
Employer			Work Tel #		
Mother or Guardian			Home Tel #		
Employer			Work Tel #		
Emergency Contact (In case parents cannot be reached)			Emergency Contact Tel #		



Emergency Medical Authorization

PART 1

In the event that reasonable attempts to contact me (parent/guardian) or the other names listed on the Emergency Card have been unsuccessful, I hereby give my consent for the administration of any emergency treatment necessary by a licensed physician or dentist.

This consent does not cover major surgery unless the medical opinions of two other licensed physicians or dentists are obtained prior to the performance of such surgery.

Signature of Parent or Guardian

Date

OR PART 2

I DO NOT give my consent for any emergency treatment for my child. In the event of illness or injury requiring emergency treatment, I wish authorities of the Norwalk River Rowing Association to:

Signature of Parent or Guardian

Date

Does your child have any medical conditions that we should be aware of for his/her health and safety?

Yes No If YES, explain: