

Emergency Medical Authorization

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

- No**
 Yes (please explain)

PART 1- YES

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 of Guardian

Date

OR

PART 2-NO

I DO NOT give 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: (please give instructions)

Signature of Parent of Guardian

Date