



# Norwalk River Rowing Association

## Sports Medical Authorization / Parent's Form

**Valid for ONE YEAR only. From date of examination. To be completed by parent.**

Athlete's Name: Last First

Address:

City State: Zip:

Phone: Year of Graduation:

Date of Birth:

### TO BE COMPLETED BY PARENT Please check. ( Health history )

Asthma Rx Inhaler  Yes  No

Diabetes Rx

Seizures Rx

Cardiac:  
Student Athlete:

Fainting, dizzy spells:

Epi-Pen:  Yes  No

Family history: ( e. g. heart attacks, death under 50 )

Significant allergic reactions:Rx

Significant injury in the last 12 months: ( e. g. concussion, fractures, surgery. )

Other significant medical history:

**Parents please return completed Parent's and Physician's forms to:**

Norwalk River Rowing Association  
1 Moodys Lane, Norwalk, CT. 06851 Attn: Youth Program Director

Parent or Gaurdian signature:



# Norwalk River Rowing Association

## Sports Medical Authorization / Physician's Form

**Valid for ONE YEAR only. From date of examination. To be completed by physician.**

HT	WT		BP	Vision	
Contacts:			Hearing		
Skin	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	Musculoskeletal	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Head	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	Spine / Scoliosis	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Eyes	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	Neck	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
ENT	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	Shoulders	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Heart	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	Hand / Arms	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Lungs	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	Hips	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Abdomen	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	Knees	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Genitalia	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	Ankles	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Neurological	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	Feet	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal

Comments:

I certify that \_\_\_\_\_ is able to participate in interscholastic sports as of \_\_\_\_\_ (Date of Exam)

Physician's Signature:

Physician's Name:

Address:

Phone:

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1 Moodys Lane, Norwalk, CT. 06851 Attn: Youth Program Director**