

CONSENT FOR TREATMENT

Friends of Shenendehowa Crew, Inc.

Please print.

I, _____ (Parent or Guardian) give permission to Friends of Shenendehowa Crew, Inc., to act on my behalf for my (son, daughter), _____, in the event of an emergency.

I hereby grant permission for staff of the Friends of Shenendehowa Crew or the club advisor to take full responsibility and take whatever action is necessary regarding my child's health or safety in the event I cannot be reached or in a situation where time is of the essence. I fully release Friends of Shenendehowa Crew, Inc., and its staff from any liability in connection with these decisions. I grant permission for emergency treatment by a rescue squad, emergency medical technician, private physician and /or hospital or emergency health facility staff, if needed. Any such actions will be taken in the best interests of my child and will be reported to me as soon as possible.

Parent or legal guardian signature: _____ Date: _____

Date of birth: _____

Insurance Company: _____

Insurance Company Address: _____

Policy Number: _____

Name of Insured: _____

Employer: _____

Father's contact information:

Father's name: _____

Daytime phone: _____

Address: _____

Mother's contact information:

Mother's name: _____

Daytime phone: _____

Address: _____

Please indicate with a check if your child has:

Seizures

History of surgery (specify) _____

Asthma (specify degree of infirmity, triggers) _____

Physical limitations (specify) _____

Severe allergies (specify) _____

Special dietary needs (specify) _____

Other allergies (specify) _____

Other special conditions (specify) _____

Diabetes

Date of last Tetanus (specify) _____

Does the child take any medications? Yes No If yes, specify _____

If medications are necessary, written instructions from the rower's physician must be on file. Instructions must include: name of rower for whom medication is prescribed, diagnosis, the name of the medication, dosage, when to administer, and when NOT to administer it, if relevant. Medication must be in the original, labeled container.

I hereby grant permission for Friends of Shenendehowa Crew to administer medications to my child as prescribed by his/her physician. My signature gives permission for both emergency treatment/necessary medical action and medication administration.

Parent's signature: _____ Date: _____