



**PLANT HIGH SCHOOL ROWING ASSOCIATION
PHYSICAL FORM AND EMERGENCY MEDICAL RELEASE**

Rower's Name: _____ Grade: _____ Date of Birth: _____

Parent/Guardian: _____

Address: _____

Home Phone: _____ Work Ph: _____ Cell Ph: _____

Emergency Name and Phone: (NOT Parent/Guardian) _____

MEDICAL INFORMATION COMPLETED BY PARENT/GUARDIAN

Date of last tetanus shot: _____

Is the student currently taking or required to have access to prescribed medication? I yes, please list medication(s). _____

Allergies to Medications: _____

Are there any significant physical limitations or medical conditions, for example: asthma, seizures, and diabetes? If yes, please explain. _____

Rowing involves high intensity exercise. I, the parent or legal guardian of _____ give permission that he/she is physically capable to enroll and compete in supervised rowing activities.

Has the rower sustained any of the following injuries:
Dislocation of a joint? If yes, please describe: _____

Broken bone? If yes, please describe: _____

As parent/guardian of the rower herein, I further state that I will accept full responsibility for the cost of treating any injury the rower identified herein may suffer while participating in the rowing program and have insurance coverage identified below:

Insurance Company _____ Policy # _____

Insurance Company Phone _____ Policy Holder's Name _____

Family MD _____ Phone _____ Hospital Preference _____

Date: _____ Parent/Guardian, Name (print) _____

EMERGENCY MEDICAL RELEASE

The Plant High School Rowing Association requires the parents/guardians of all rowers to allow permission to obtain emergency medical treatment in the event it is necessary. This form must be filled out for your student to participate in the PHRA. As we have all experienced, accidents, however minor, do happen. The PHRA needs to be aware of the necessary procedures you wish to follow should the need arise. Please provide the information requested below and have your signature **notarized**. In the event that emergency medical treatment becomes necessary at an out-of-area regatta, the PHRA will secure treatment at the nearest possible facility to the race site. Please notify our Membership Chairperson of any changes in insurance, etc.

To Whom It May Concern:

I grant my consent for the PHRA to obtain emergency medical treatment for my child, _____, throughout this rowing season with the Plant High School Rowing Association and I will be liable for all expenses incurred for such treatment.

Parent Signature _____ Date _____

STATE OF FLORIDA, COUNTY OF _____

Sworn to and subscribed before me this _____ day of _____ 20____

By _____

Notary Signature

Seal

Print Name of Notary
Personally Known _____
Or Produced Identification _____
Type of Identification Produced _____