

Gordon Rowing Services

Independent Spring High School Rowing Program

Emergency Medical Consent Form

As the parent/legal guardian of _____, I request that in my absence the above named rower be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures, pain relief measures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named minor. I request and authorize the hospital or medical facility and its staff to share information on the medical condition of my child with the parent, coach, or assistant coach associated with his team that represents him/herself as the responsible adult in my absence.

Parent or Guardians Signature _____ Date _____

Rower's birth date ____/____/____ (mm/dd/year) Date of last tetanus booster ____/____/____

Rower's height _____ Rower's weight _____

Known medical problems/allergies: _____

Currently taking the following medications: _____

Parents/Guardians Names _____

Home Address _____

Home Phone _____ Work (Mother) _____ Work (Father) _____

Cell (Mother) _____ Cell (Father) _____ Fax _____

Primary E Mail _____ Secondary E Mail _____

In an emergency, who should we contact first? _____

Emergency Contact (in the event parents cannot be reached)

Name _____

Home Phone _____ Work _____ Cell _____

Relationship to Rower _____

Physician Name _____

Address _____ Phone Number _____

Insurance Company _____

Policy Number _____ Group number _____

Insured's Name _____ Insurance Company Phone Number _____

Address for Submitting Claims _____

Person responsible for charges (if different from above)

Address _____

Home Phone _____ Work _____ Cell _____

This proxy covers the GRS Staff, as well as other coaches, WBC staff, and parents associated with the program:

James A. Gordon, Head Coach. Varsity Coach. Liz Keyser, Assistant Coach. Nicole Ritchie, Assistant Coach. Joan Koob, Assistant Coach, Debbie Sokolowski, Assistant Coach.

Please Return this form to: James A. Gordon, 208 Engle Drive, Wallingford, PA 19086, (215) 850-4570.