

## Steel City Rowing Club Health Information\*

Athlete Name:	Age:	Date of Birth:
Address:		Phone (h):
City:	State:	Zip:      Phone (c):
Email:	Does this contact info differ from our records? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Parent(s) Name:	Phone (c/w):
Secondary emergency contact:	Phone:

Health Insurance:	
Policy Number:	
Name of insured:	
Primary MD:	Phone:

Allergies:
Medications:
Health Problems:

I give permission for parents/chaperones or coaches in attendance to seek treatment for

\_\_\_\_\_ (athlete's name) as indicated.

\_\_\_\_\_ (parent signature) \_\_\_\_\_ (date)

I give permission for parents/chaperones to dispense age/weight appropriate over-the-counter medication to my child as indicated.

\_\_\_\_\_ (parent signature) \_\_\_\_\_ (date)

\* This form will travel to all races