



# HEALTH INFORMATION AND AUTHORIZATION FORM

Steel City Rowing Club, 101 Arch Street, Verona, PA 15147  
412-828-5565 phone/ 412-517-8789 fax  
[www.steelcityrowing.org](http://www.steelcityrowing.org)

Athlete Name:

Date of Birth:

Height:

Weight:

Primary Emergency Contact (Name):

Home Phone:

Cell:

Work/Other:

Secondary Emergency Contact (Name):

Home Phone:

Cell:

Work/Other:

Please check if you need: EpiPen\_\_\_\_\_ Inhaler\_\_\_\_\_ Other:\_\_\_\_\_

These items must be kept in waterproof bag with you on and off the water.

ALLERGIES:

MEDICATIONS:

HEALTH CONCERNS: Please list any conditions or history that may impact your rowing- for example: any issues with breathing, joint strength or mobility, back stability, spinal stability, sensory deficit(s) and cause(s), history of tendonitis, diabetes, concussions, etc.

Health Insurance Provider:

Policy Number:

Name of Insured:

Primary MD Name:

Primary MD Phone:

I authorize the parents/chaperones/coaches in attendance to seek medical treatment deemed necessary for

\_\_\_\_\_ (Child's Name) in my absence.

\_\_\_\_\_ (Parent Signature) \_\_\_\_\_ (Date)