

Vashon Island Junior Crew Personal Health and Medical Record

Please note: All the information from this form will be kept strictly confidential, and only used in case of a medical emergency.

Rower's name _____ Date _____
Date of birth _____ Age _____ Grade _____
Sex _____ Height _____ Weight _____

Name of parent or guardian _____
Telephone Home _____ Work _____
Cell _____
Home address _____

If person named above is not available in the event of an emergency, notify:

Name _____ Relationship _____
Telephone Home _____ Work _____
Cell _____

Name _____ Relationship _____
Telephone Home _____ Work _____
Cell _____

Name of personal physician _____
Telephone _____

Personal health/accident insurance carrier: _____
Policy Number: _____

EMERGENCY MEDICAL INFORMATION

Allergies _____

Current Medications _____

Any other medical conditions of note: _____

Consent for Medical Care

I _____ do hereby give consent for medical care in the event that I cannot be reached by phone, and give the Vashon Island Junior Crew coaches permission to act as legal guardians while my child is a participant in Vashon Island Junior Crew.

Signed (parent/legal guardians): _____