

# SAN DIEGO ROWING CLUB

## Junior Crew

### MEDICAL INFORMATION AND RELEASE FORM 2009- 2010

Rower's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Birthdate: \_\_\_\_\_ School: \_\_\_\_\_

Father: \_\_\_\_\_ Mother: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

#### **IN CASE OF EMERGENCY NOTIFY:**

\_\_\_\_\_ Phone: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Name and Dosage of any Medications: \_\_\_\_\_

Drug Allergies: \_\_\_\_\_ Blood Type (if known): \_\_\_\_\_

Any other medical information – In particular, please provide any information of importance that might affect this rowers participation in specific training and rowing activities that the coach needs to be aware of.

#### **HEALTH INSURANCE INFORMATION**

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Insured's Social Security Number: \_\_\_\_\_

#### **MEDICAL RELEASE**

The undersigned parent/guardian of a minor does hereby consent to any emergency x-ray, anesthetic medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of any physician and surgeon licensed under the provision of the Medical Practice Act. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care begin required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable; and neither said agent or any organization involved assumes any financial responsibility for exercising this action. This authorization is given pursuant to the provisions of Sections 25.8 of the Civil Code of California.

My child is in good health, and I know of no reason why he/she would be incapable of participating in activities. My child knows how to swim. I understand that I am responsible for informing the coaches of any health condition which may limit the named rower's participation in this sport. If a change in this condition occurs, I will immediately inform the coaches in writing.

Parent's/Guardian's Name: \_\_\_\_\_

Parent's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### PHYSICAL EXAMINATION REQUIRED FOR ALL ROWERS 2009-2010 SEASON

Rower Name: \_\_\_\_\_

#### Review of Medical History:

Pertinent past medical history: \_\_\_\_\_

Current medical disorders: \_\_\_\_\_

List all medications (both routine and p.r.n): \_\_\_\_\_

#### Physical Examination:

BP \_\_\_\_\_ HEIGHT \_\_\_\_\_ VISION \_\_\_\_\_

NEUROLOGICAL \_\_\_\_\_ HEAD/NECK \_\_\_\_\_ CHEST/AIRWAY \_\_\_\_\_

SKIN \_\_\_\_\_ CARDIOVASCULAR \_\_\_\_\_ ABDOMEN \_\_\_\_\_

GENITALIA/HERNIAS \_\_\_\_\_ MUSCULOSKELETAL \_\_\_\_\_ STRENGTH \_\_\_\_\_

TANNER STAGE (1-5) \_\_\_\_\_ AGE OR MENARCHE (females) \_\_\_\_\_

Description of abnormalities above: \_\_\_\_\_

#### Recommendations:

\_\_\_\_ There are no restrictions or special considerations to participation in the crew/rowing athletic program.

\_\_\_\_ The following are limitations or special considerations:

\_\_\_\_ This person is disqualified from sports until further evaluation.

#### Physician or Nurse Practitioner Statement/Signature:

I, the undersigned am licensed to elicit and interpret the medical history, pharmaceutical history and clinical findings of a complete health assessment for participation in an athletic program. I have completed this assessment and recorded all pertinent findings above.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Physician or Nurse Practitioner Signature

Today's date

Date of Exam

Printed Name

License Number

Address