



PARENTAL PERMISSION
FOR
ATHLETE TRAVEL &
EMERGENCY MEDICAL TREATMENT

(Athlete Name) \_\_\_\_\_

has my permission to participate in all team trips with Three Rivers Rowing Association / Three Rivers Junior Rowing during the 2017 - 2018 season. I agree that my athlete will follow the TRRA/TRJR Code of Conduct, and will be responsible to the organization for all his/her actions on the trip. (Signature below)

Emergency Medical Treatment

Allergies to Foods, Medications, Bee Stings, etc. (If none, so state) \_\_\_\_\_
Special Medical Problems (If none, so state) \_\_\_\_\_
Does Athlete Carry Medications (If none, so state) \_\_\_\_\_ Date of Last Tetanus Shot \_\_\_\_\_
Date of Last Physical (must be within 1 year of participation) \_\_\_\_\_
Medication \_\_\_\_\_ Purpose \_\_\_\_\_
Medication \_\_\_\_\_ Purpose \_\_\_\_\_
Family physician \_\_\_\_\_
Office name & address \_\_\_\_\_
City, State \_\_\_\_\_
Phone \_\_\_\_\_

The above minor is covered for accident & medical insurance benefits:

(Insurance Company) \_\_\_\_\_

(Policy No.) \_\_\_\_\_

Emergency Treatment Authorization to Treat a Minor

I (we) the undersigned parent, parents, or legal guardian of, \_\_\_\_\_ a minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical, or surgical diagnosis rendered by or under the general or special supervision of any member of the medical staff and emergency room staff of any acute general hospital holding a current license to operate (US or Foreign) and that I (we) agree to be responsible for the cost of such treatment. It is understood this authorization is given in advance of any specific diagnoses, treatment, or hospital care being required but is given to provide authority and power to render care which the aforementioned medical staff in the exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned before rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. (Signature below)

Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

Print name of parent signing \_\_\_\_\_ (relationship) \_\_\_\_\_

Residence address \_\_\_\_\_

City, State Zip \_\_\_\_\_

Phone (If desired, list multiple) \_\_\_\_\_

Other emergency contact person (name and phone) \_\_\_\_\_

This consent shall remain effective for the duration of the season.