

**S  
O  
N  
O**

# **Athletic Club**

**CrossFit • Rowing**



## **Medical Emergency Authorization**

Participant: \_\_\_\_\_  
Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address: \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

During my child's participation in the SoNo Athletic Club/ SoNo Rowing Junior Program, I/we authorize the coaches and instructors of SoNoAC/ SoNo Rowing to make decisions to proceed with any critical medical surgical treatments required for his/her health and welfare, provided an attempt to notify me/us has been made.

Signature #1: \_\_\_\_\_

Parent/Guardian Info: \_\_\_\_\_  
Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Signature #2: \_\_\_\_\_

Parent/Guardian Info: \_\_\_\_\_  
Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

The coaches and trainers have my/our permission to give my son/daughter over-the counter medications stocked in the medical training kits:    Y    N    Initial: \_\_\_\_\_

Medications currently being taken (include generic names, special instructions, etc.)  
\_\_\_\_\_

Are there any medical conditions that we should be aware of (allergies, heart conditions, etc.)  
\_\_\_\_\_

In case of emergency, please contact (If Parent/Guardian is not available)  
\_\_\_\_\_

Name: \_\_\_\_\_  
Last \_\_\_\_\_ First \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Name: \_\_\_\_\_  
Last \_\_\_\_\_ First \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Physician: \_\_\_\_\_  
Last \_\_\_\_\_ First \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Dentist: \_\_\_\_\_  
Last \_\_\_\_\_ First \_\_\_\_\_ Phone \_\_\_\_\_

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

In the event I/we cannot be reached, I give SoNo Athletic Club/ SoNo Rowing permission to seek medical attention for my child.

Parent/ Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_