



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: _____