

Maritime Rowing Club Emergency Medical Authorization

(Circle program rower participates in)

Maritime Rowing Club
St. Luke's School
Middle School Program
Weekend Program

Participant: _____
(Print) Last First Middle

Address: _____
(Print) Street City State Zip Code

During _____ participation with MRC,
(participant's name)

I/we authorize the coaches of the Maritime Rowing Club to make decisions to proceed with any emergency medical treatment deemed necessary, provided that reasonable attempts to contact me/us, or any other contacts listed, have been made.

The coaches have my/our permission to give _____ over-
(participant's name)
the-counter medications stocked in the medical training kits: Y N Initials _____

Medications currently being taken: _____

Are there any medical conditions that the Maritime Rowing Club should be aware of?

