

**PLANT HIGH SCHOOL ROWING ASSOCIATION  
PHYSICAL FORM AND EMERGENCY MEDICAL RELEASE**

Rower's Name: Grade: Date of Birth: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

Emergency Name and Phone: (NOT Parent/Guardian) \_\_\_\_\_

**MEDICAL INFORMATION COMPLETED BY PARENT/GUARDIAN**

Date of last tetanus shot: \_\_\_\_\_

Is the student currently taking or required to have access to prescribed medication? If yes, please list medication(s). \_\_\_\_\_

Allergies to Medications: \_\_\_\_\_

Are there any significant physical limitations or medical conditions, for example: asthma, seizures, and diabetes? If yes, please explain.

Rowing involves high intensity exercise. I, the parent or legal guardian of \_\_\_\_\_ give permission that he/she is physically capable to enroll and compete in supervised rowing activities.

Has the rower sustained any of the following injuries:

Dislocation of a joint? If yes, please describe: \_\_\_\_\_

Broken bone? If yes, please describe: \_\_\_\_\_

As parent/guardian of the rower herein, I further state that I will accept full responsibility for the cost of treating any injury the rower identified herein may suffer while participating in the rowing program and have insurance coverage identified below:

Insurance Company Policy # \_\_\_\_\_

Insurance Company Phone Policy Holder's Name \_\_\_\_\_

Family MD Phone Hospital Preference \_\_\_\_\_

Date: \_\_\_\_\_ Parent/Guardian, Name (print) \_\_\_\_\_

**EMERGENCY MEDICAL RELEASE**

The Plant High School Rowing Association requires the parents/guardians of all rowers to allow permission to obtain emergency medical treatment in the event it is necessary. This form must be filled out for your student to participate in the PHRA. As we have all experienced, accidents, however minor, do happen. The PHRA needs to be aware of the necessary procedures you wish to follow should the need arise. Please provide the information requested below and have your signature **notarized**. In the event that emergency medical treatment becomes necessary at an out-of-area regatta, the PHRA will secure treatment at the nearest possible facility to the race site. Please notify our Membership Chairperson of any changes in insurance, etc.

**To Whom It May Concern:**

I grant my consent for the PHRA to obtain emergency medical treatment for my child, \_\_\_\_\_, throughout this rowing season with the Plant High School Rowing Association and I will be liable for all expenses incurred for such treatment.

Parent Signature Date \_\_\_\_\_

STATE OF FLORIDA, COUNTY OF

Sworn to and subscribed before me this day of \_\_\_\_\_, 20

By \_\_\_\_\_

Notary Signature \_\_\_\_\_

Seal Print Name of Notary