

HADDON TOWNSHIP CREW CLUB MEDICAL RELEASE & TREATMENT CONSENT

I hereby authorize any qualified emergency medical technician, first aid provider and/or physician and/or his/her consulting physicians, to administer emergency care to the below named student-rower, to render any treatment or medical care to the below named student-rower, to render any treatment or medical or surgical care that they deem necessary to protect his/her health and well-being, and to arrange for any consultation by medical specialists, including surgeons, which they deem necessary to insure the proper care and treatment of any injury.

I understand that the terms hereof apply to any injury, illness or other medical problem or emergency that arises as a result of or in connection with any aspect of athletic participation for Haddon Township Crew Club including tryouts, practice, conditioning, meetings, games, and travel. I also understand that reasonable efforts will be made to contact parents or legal guardians before any serious or involved medical treatment.

Please take the time to read and circle the correct answer. Use the back of this page to provide details on any YES response.

1. Has anyone in the athlete's family (grandparents, mother, father, brother, sister, aunt, uncle) died suddenly before age 50?	YES NO DON'T KNOW
2. Has the athlete ever stopped exercising because of dizziness or passed out during exercise?	YES NO DON'T KNOW
3. Does the athlete have asthma (wheezing), hay fever or coughing spells after exercise?	YES NO DON'T KNOW
4. Has the athlete ever had a broken bone, had to wear a cast, or had an injury to any joint?	YES NO DON'T KNOW
5. Does the athlete have a history of a concussion (being knocked out)?	YES NO DON'T KNOW
6. Has the athlete ever suffered a heat-related illness (such as heat stroke or heat exhaustion)?	YES NO DON'T KNOW
7. Does the athlete have a chronic illness or see a doctor regularly for any particular problem?	YES NO DON'T KNOW
8. Does the athlete take any medication(s)?	YES NO DON'T KNOW
9. Is the athlete allergic to any medications or bee stings?	YES NO DON'T KNOW
10. Does the athlete have only one of any paired organ(eyes, kidneys, testicles, ovaries, etc.)?	YES NO DON'T KNOW
11. Has the athlete had an injury in the last year that caused the athlete to miss three or more consecutive days of practice or competition?	YES NO DON'T KNOW
12. Has the athlete had surgery or been hospitalized in the past year?	YES NO DON'T KNOW
13. Has the athlete missed more than five consecutive days of participation in usual activities because of an illness, or has the athlete had a medical illness diagnosed that has not been resolved in the past year?	YES NO DON'T KNOW
14. Are you, the athlete, worried about any problem or condition at this time?	YES NO DON'T KNOW
15. Does the athlete have diabetes?	YES NO DON'T KNOW
16. Is there a family history of diabetes?	YES NO DON'T KNOW

Rower's Name _____

Rower's Signature _____

Parent/Guardian's Name _____

Parent/Guardian's Signature _____ Date: _____