

# Atomic Rowing Medical Authorization and Insurance Form

In recognizing that any sports activity such as crew may involve certain dangers, including but not limited to the hazards of rowing, shell collision or upset, water immersion, lifting and carrying shells and equipment, forces of nature, conditioning exercises and the actions of participants and other persons. We understand that Atomic Rowing (AR), the Oak Ridge Rowing Association (ORRA), Oak Ridge, Tennessee, the staff and all persons related directly or indirectly with the program assume no financial obligation or liability for any injury, illness or disability arising from a minor's participation in the ORRA or AR programs. In the case of an accident or illness in which the athlete listed is not able to give consent for medical care, I (the Parent or Legal Guardian) hereby give permission for the athlete listed here to be given emergency medical treatment, to receive or take any over the counter medication as needed under the supervision of a coach or chaperons. In the event an athlete is required to take prescription medication while present at a team activity, a written notice is to be provided to the coach explaining the use and frequency of use of the medication. I do delegate the AR coaches and chaperones the appropriate legal authority to act in "loco parentis" while my child is participating in an organized AR event. Specifically, I hereby allow drugs and surgery, recommended by competent and legal licensed medical personnel in any situation in which it is deemed necessary. I understand that I will be responsible for the payment of any and all bills resulting from such treatment. I certify that the information below is complete and accurate.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Mother Cell # \_\_\_\_\_ Father cell # \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_  
Name of Insured: \_\_\_\_\_  
Current Medications: \_\_\_\_\_  
Allergies: \_\_\_\_\_  
Allergies to Medications: \_\_\_\_\_

**MEDICAL CONCERNS:** (List on back of form)

**LIMITATIONS ON ACTIVITIES:** (List on back of form)

**Questions –** Please explain "YES" answers on the back of the page.

1. Have you ever been hospitalized? YES [ ] NO [ ]
2. Have you ever had surgery? YES [ ] NO [ ]
3. Do you have any chronic or ongoing illness? YES [ ] NO [ ]
4. Have you ever passed out during exercise? YES [ ] NO [ ]
5. Have you ever been dizzy or had chest pain during or after exercise? YES [ ] NO [ ]
6. Do you tire more quickly than your friends during exercise? YES [ ] NO [ ]
7. Have you ever had high blood pressure? YES [ ] NO [ ]
8. Have you ever been told you have a heart murmur? YES [ ] NO [ ]
9. Has anyone in your family died/had heart problems or sudden death before age 50? YES [ ] NO [ ]
10. Have you ever had a head injury or been knocked unconscious? YES [ ] NO [ ]
11. Have you ever had a seizure? YES [ ] NO [ ]
12. Have you ever had heat or muscle cramps? YES [ ] NO [ ]
13. Have you been dizzy or passed out in the heat? YES [ ] NO [ ]
14. Do you have trouble breathing or do you cough during or after activities? YES [ ] NO [ ]
15. Have you ever had a chronic cough or recurrent bronchitis? YES [ ] NO [ ]
16. In the past have you had or do you have asthma? YES [ ] NO [ ]
17. Have you ever had a bone or joint disorder, trick joint or arthritis? YES [ ] NO [ ]
18. Do you use any special equipment? YES [ ] NO [ ]
19. Have you had any problems with your eyes, your vision? YES [ ] NO [ ]
20. Do you wear glasses or contacts or protective eyewear? YES [ ] NO [ ]
21. Have you ever had any other medical problem mononucleosis, diabetes, etc)? YES [ ] NO [ ]
22. Any medical/physical conditions the coach should know about? YES [ ] NO [ ]
23. Do you have a special need comprehending oral instruction? YES [ ] NO [ ]
24. Date of Last Tetanus Shot: \_\_\_\_\_
25. Date of last Measles Shot: \_\_\_\_\_

Signature of Participant \_\_\_\_\_ Printed name \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Parent/Legal Guardian \_\_\_\_\_ Printed name \_\_\_\_\_ Date \_\_\_\_\_  
Relationship \_\_\_\_\_ The authority given herein ends on: Date: \_\_\_\_\_