

## EMERGENCY AUTHORIZATION FORM

### RETAIN COPY AT BOATHOUSE AND IN COACHING LAUNCH

**Junior Program Participant**

Name: _____ Address: _____ _____ Home Phone: _____ _____ Cell Phone: _____ _____	Father: _____ Day Phone _____	Mother: _____ Day Phone: _____	Birthdate: _____ Gender: _____ Grade: _____
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**Emergency Contacts**

Alternative person (s) to whom students may be released in case of emergency:	
1. Name: _____ Relationship: _____ Home Phone: _____ Work Phone: _____	2. Name: _____ Relationship: _____ Home Phone: _____ Work Phone: _____

**Authorization to Treat a Minor**

I (we) the undersigned parent (s), or legal guardian of \_\_\_\_\_ a minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical, or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room of any acute general hospital holding a current license to operate and that I (we) agree to be responsible for the cost of such treatment. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide the authority and power to render care which the aforementioned medical staff in the exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned before rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

List any restrictions: \_\_\_\_\_

It is understood that Olympia Area Rowing is not liable for any accident or incident related to transportation by a public carrier.

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

Parent Name (Type or Print): \_\_\_\_\_

**Insurance Information**

(Name) _____ is covered for accident and medical insurance benefits:	
Insurance Carrier and #: _____	Preferred Hospital: _____
Phone: _____	Phone: _____
Primary Care Physician: _____	Phone: _____
Phone: _____	

**This Form Is Required Yearly**

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Notes (To Be Fulfilled by OAR Staff Only):

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