

JUNIOR PARTICIPANT MEDICAL HISTORY FORM

**Special Note:** This form must be completed thoroughly and honestly and signed by the junior’s parent or legal guardian. **By signing this form, the parent or legal guardian agrees to the terms and conditions outlined below.**

**I. Contact Information.**

A. *Junior Participant Information (must match birth certificate)*

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Male Female.

B. *Primary Contact: Parent or Guardian*

Last: \_\_\_\_\_ First: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mobile Phone No: \_\_\_\_\_ Alternate Phone No: \_\_\_\_\_

Email: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

C. *Secondary Contact:*

Last: \_\_\_\_\_ First: \_\_\_\_\_

Mobile Phone No: \_\_\_\_\_ Alternate Phone No: \_\_\_\_\_

Email: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

**II. Insurance Information.**

Primary Insurance Company: \_\_\_\_\_ Primate Group/Policy#: \_\_\_\_\_

Does primary insured have Medicaid? Yes. No.

Does primary insured have Medicare? Yes. No.

Family Doctor Name: \_\_\_\_\_ Doctor Phone No: \_\_\_\_\_

**III. Medical History of the Junior Participant.**

*The purpose of this information is to ensure that medical personnel have details of any issues which may interfere with or alter medical treatment which may become necessary in an emergency situation.*

Please identify and elaborate on any medical conditions of which we should be aware (if none, please write “none”)

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Please list any medications currently being regularly taken (if none, please write “none”):

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Please list any known allergies (if none, please write “none”):

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Date of last Tetanus Toxoid Booster (if none, please write “none”): \_\_\_\_\_

**IV. Parent/Guardian Consent and Medical Release.**

Recognizing the possibility of serious injury, illness, or death, and inconsideration for Treasure Coast Rowing Club and its members accepting my child as a participant in its programs, I consent to my child participating in Treasure Coast Rowing Club activities. Further, I hereby release discharge and otherwise indemnify Treasure Coast Rowing Club, its member organizations, and sponsors, their employees, associated personnel, and volunteers including the owner of fields and facilities used for the Treasure Coast Rowing Club activities, against any claim by or on behalf of my child as a result of participating in Treasure Coast Rowing Club programs and activities.

My child has received a physical examination by a licensed health care provider within the past two years and has been found physically capable of participating in the sport of rowing. I have provided written notice, which is submitted in conjunction with this release and attached hereto, setting forth any specific issue, condition, or ailment, in addition to what is specified above, that my child has or that may impact my child's participation in the programs.

I give my consent to have an athletic trainer and/or licensed health care provider, including a medical doctor or dentist, provide my child with **emergency** medical assistance and/or treatment and agree to be financially responsible for the reasonable cost of any such assistance and/or treatment.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_