

CHATTANOOGA JUNIOR ROWING
MEDICAL INFORMATION SHEET

Please fill this form out completely and accurately. Please print legibly.

Name: _____
Age: _____ Ht: _____ Wt: _____

		<u>DESCRIBE / COMMENT</u>
<u>YES</u>	<u>NO</u>	
_____	_____	Allergies to medications _____
_____	_____	Allergies to foods _____
_____	_____	Allergies to insects _____
_____	_____	Other Allergies _____
_____	_____	Diabetes _____
_____	_____	Heat Disease _____
_____	_____	High blood pressure _____
_____	_____	Seizures _____
_____	_____	Asthma _____
_____	_____	Dislocations, sprains, soft tissue injuries _____
_____	_____	Ulcers, intestinal problems _____
_____	_____	Thyroid Dysfunction _____
_____	_____	Reaction to hot and/or cold temperatures _____

Please list all medications that you are currently taking _____

Please note non-prescription medications you use: Tylenol _____ Aspirin _____ Ibuprofen _____
Other _____

Describe any other medical conditions or recent surgery _____

Describe normal exercise activity _____

Describe swimming ability _____

Family Doctor: _____ Emergency Contact: _____

Address: _____ Relationship: _____
_____ Home Phone: _____

Phone: _____ Work Phone: _____

Insurance Co.: _____ Policy #: _____

I hereby give Chattanooga Junior Rowing or Chattanooga Rowing, Inc. and/or its staff/officers/agents permission to administer and/or secure medical care for my child as necessary. I authorize the hospital or doctor to release a copy of the medical report to Chattanooga Junior Rowing or Chattanooga Rowing, Inc. for follow up purposes.

Signatures:

Parents/Guardian: _____ Participant: _____ Date: _____