



Pocock Rowing Center

Medical Release & History

As the legal guardian of _____, I authorize the staff of the Pocock Rowing Center (PRC) or the George Pocock Rowing Foundation (GPRF) to act on my behalf in approving any all medical, dental, and surgical examinations or operations and treatment or all other related care, including the administration of drugs, tests, anesthesia and/or blood transfusions to the above named minor person that may be ordered by a physician and/or dentist in attendance at the medical center deemed necessary for emergency treatment during planned events or team travel. I hereby consent to the release of medical report(s) to any doctor or agency and consent to the admission of the above named minor person to the hospital.

Parent/Guardian Sign Here: _____

I understand that the Pocock Rowing Center, the George Pocock Rowing Foundation, and their officers, employees, and volunteers assume no financial obligation or liability in the case of my child's accident or illness. If I, or anyone on my or my child's behalf makes a claim against the Pocock Rowing Center, the George Pocock Rowing Foundation, or their officers, employees, and volunteers arising out of or related to my child's participation in Pocock Rowing Centers programs, I agree to indemnify and save and hold them harmless from any litigation expenses, attorneys' fees, loss, liability, damage, or costs they may incur due to the claim made against any of them, whether the claim is based on their negligence or otherwise. I sign this agreement on my behalf and on behalf of my personal representatives, assigns, heirs, and next-of-kin. I hereby give permission for emergency treatment for my child and assume financial responsibility for such treatment.

Parent/Guardian Sign Here: _____

Date _____

Printed Name _____

Relationship _____

First Person to contact in case of emergency:

Name _____

Phone _____

Second Person to contact in case of emergency:

Name _____

Phone _____

Physician _____ Physician Phone _____

Asthma (circle) YES NO Does the child carry an inhaler (circle) YES NO

MEDICAL CONCERNS: _____

Known Allergies: _____

Other Medical Issues or Concerns: _____
