

**Pioneer Valley Riverfront Club**  
Health History and Medical Consent

**Health History**

Name of Rower \_\_\_\_\_

Rower's mobile phone \_\_\_\_\_

Rower's email address \_\_\_\_\_

Rower's primary address \_\_\_\_\_

Rower lives with (mother, father, both, other) \_\_\_\_\_

Parent/Guardian 1 Name \_\_\_\_\_

Parent 1 mobile phone \_\_\_\_\_

Parent 1 email address \_\_\_\_\_

Parent/Guardian 2 Name \_\_\_\_\_

Parent 2 mobile phone \_\_\_\_\_

Parent 2 email address \_\_\_\_\_

Does your child take medication, prescription or over-the-counter, regularly?

\_\_\_\_\_

Please list for all medications: name, dose, time of administration, and any special instructions:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(all medication to be taken on trip must be in original, pharmacy labeled container)

Does your child have dietary restrictions, intolerances, or preferences? Please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have:

Asthma \_\_\_\_\_

controller medication: \_\_\_\_\_

rescue inhaler: \_\_\_\_\_

Life threatening allergy requiring

EpiPen? (please explain) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

attach physician's anaphylaxis plan

Allergies (please explain) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

how treated: \_\_\_\_\_

Diabetes: \_\_\_\_\_

attach diabetes orders

Seizure Disorder: \_\_\_\_\_

attach seizure action plan

other (please explain):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Student's primary care physician name and practice name

\_\_\_\_\_

\_\_\_\_\_

Telephone number \_\_\_\_\_

Student's specialist physician name and practice name

\_\_\_\_\_

\_\_\_\_\_

Telephone number \_\_\_\_\_

Please attach copy of front and back of all insurance cards (primary, prescription, secondary)

## MEDICAL CONSENT

Print name of rower \_\_\_\_\_

Print name of Parent or Legal Guardian \_\_\_\_\_

Relationship to rower \_\_\_\_\_

I hereby authorize and consent to the administration of any and 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. I hereby consent to the release of medical report(s) to any doctor or agency and consent to the admission to the above named minor person to the hospital. I recognize my responsibility, through appropriate insurance or otherwise, to cover all medical and transportation expenses resulting from an illness or injury during this trip. Every reasonable effort will be made to contact the parent/guardian in the event of illness, injury, or emergency.

Parent/Legal Guardian signature \_\_\_\_\_

Date \_\_\_\_\_

I understand that Pioneer Valley Riverfront Club and its 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 Pioneer Valley Riverfront Club or its officers, employees, or volunteers arising from my child's participation in Pioneer Valley Riverfront Club's programs, I agree to indemnify and hold them harmless from any litigation expenses, attorney's 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 child's behalf, my behalf and on behalf of my personal representatives, assigns, heirs, and next-of-kin. I hereby give my permission for emergency treatment for my child and assume financial responsibility for such treatment.

Parent/Legal Guardian signature \_\_\_\_\_

Date \_\_\_\_\_