



**EMERGENCY CONTACT/ALLERGY INFORMATION/PARENT-GUARDIAN  
CONSENT TO TREATMENT:**

Rower's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Home tel: \_\_\_\_\_

Rower's Cell # & Provider: \_\_\_\_\_

Rower's E-mail: \_\_\_\_\_

Parent's Cell # & Provider: \_\_\_\_\_

Parent's E-mail: \_\_\_\_\_

Parent's Work Number: \_\_\_\_\_

EMERGENCY CONTACTS (Names/Numbers): \_\_\_\_\_

\_\_\_\_\_

ALLERGIES: \_\_\_\_\_

MEDICAL CONDITION: \_\_\_\_\_

PHYSICIAN NAME/NUMBER: \_\_\_\_\_

\_\_\_\_\_

In the event of my absence, if my son/daughter is suffering from an injury or condition requiring diagnosis and immediate medical or surgical treatment, I do hereby voluntarily authorize Ridgewood Crew coaches, Board members and/or parent volunteers at the scene to consent to such diagnostic procedures, medical/hospital care, medication administration and to such medical, surgical, or x-ray treatment as may be deemed necessary by and under the direct authorization of a licensed physician/practitioner.

Parent/Guardian's Name (please print): \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_