



AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

I, the undersigned parent (or guardian) of

Rower's name: _____

Birth date: _____

do hereby authorize LOYOLA ACADEMY CREW CHAPERONES, as agents for the undersigned, to consent to any examination, X-Ray, anesthetic, medical or surgical diagnosis or treatment and hospital care which is rendered under supervision of the Medical Practice Act by the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or said hospital.

Parent/guardian Signature: _____

Date: _____

Printed Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone _____ Emergency #: _____

List Allergies: _____

Other special conditions: _____

Insurance Co: _____

Policy Holder: _____

Policy Number: _____

LOYOLA ACADEMY CREW CHAPERONES may administer acetaminophen (Tylenol), ibuprofen (Motrin, Advil), or Benadryl to the above named rower in approved doses.

YES ___ NO ___