

PETERBOROUGH ROWING CLUB

HEALTH AND SAFETY INFORMATION

Trip Destination: Richard B. Russell State Park, Elberton, Georgia, USA

Dates: March 12 – March 21, 2009

The following information is collected to make your trip safe and comfortable. Accurate information is essential. Confidentiality will be respected. The form must be completed and returned to your rowing coach as soon as possible (at least 1 week prior to trip)

Last Name: _____ **First Name:** _____

Birthdate: day: _____ / month: _____ / year: _____ **Age:** _____ **Gender:** Female Male

Parents / Guardians / Emergency Contacts: (Print Clearly)

List in order who should be contacted in case of emergency – be sure to include parents/guardians:

1st Contact: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr.	2nd Contact: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr.	3rd Contact: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr.
First & Last Name: _____	First & Last Name: _____	First & Last Name: _____
Relationship: _____	Relationship: _____	Relationship: _____
Home #: (_____) _____	Home #: (_____) _____	Home #: (_____) _____
Work #: (_____) _____	Work #: (_____) _____	Work #: (_____) _____
Cell/Pager: (_____) _____	Cell/Pager: (_____) _____	Cell/Pager: (_____) _____

Health Card #: _____ **Version Code:** _____

Family Doctor: _____ **Dr's Phone#:** (_____) _____

Date of last tetanus shot and reason for it: _____

Other Health Insurance Information:

Company: _____ **Phone#:** _____

Group#: _____ **Policy/Certificate#:** _____

PHOTO

If this person has a life-threatening allergy and/or medical concern, attach a current photo with FULL NAME printed on back of photo.

1. **Dietary Info:** Vegetarian Vegan Lactose Intolerant Gluten Free Other: _____

2. **Are there any special conditions which must be taken into consideration in this rower's participation in the full program?**

Food Allergy or sensitivity: _____ Life Threatening? Yes No

Drug Allergy or sensitivity: _____ Life Threatening? Yes No

Other allergies or sensitivities: _____

Asthma (if so, identify triggers): _____ Mild Moderate Severe

Diabetes: _____

Epilepsy / Seizures: _____

Heart condition: _____

Feet or leg problems: _____

Rash: _____

Recent illness or operation: _____

Any other disability/condition: _____

3. Does this rower have any special habits, fears or anxieties that the coaches and chaperones should be aware of?

4. If there is any further information that you feel the coaches or chaperones should know in order to help them assist this rower in maintaining his/her health and well-being while on this trip (please attach an additional page if necessary).

★ **Signature of Parent/Guardian** (or rower if over 18): _____ **Date:** _____

(Please complete other side also)