

PETERBOROUGH ROWING CLUB
OUT-OF-PROVINCE TRAVEL/MEDICAL INSURANCE

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

Dates: March 12 – March 21, 2009

Each rower must have Out-of-Province Emergency Medical Insurance with the policy number and phone number provided below. (e.g. Blue Cross, CAA, etc. – check your local travel agency)

Out-of-Province Travel/Medical Insurance Information:

Name of Company: _____

Emergency Phone Number: _____

Policy #: _____ Group#: _____

MEDICAL CONSENT FORM
(Power of Attorney)

I, the parent / guardian of _____ *(print name of rower)*
hereby consent to my son/daughter attending the Peterborough Rowing Club **Spring Training Camp in Elberton, Georgia** from **Thursday, March 12, 2007** to **Saturday, March 21, 2009**.

Should it become necessary for my son/daughter to have medical care, I hereby give the coaches/chaperones permission to use his/her best judgement in obtaining the best of such services for my son/daughter. I understand that any cost will be my responsibility. I also understand that in the event of illness or accident, I will be notified as soon as possible.

Signature of Parent or Guardian (or signature of rower if over 18)

Date

Parent or Guardian's Name (please print)

Phone (day/work)

Address

Phone (Evening/home)

SELF-ADMINISTRATION MEDICATION INFORMATION

We are concerned about the safe care and use of self-administered medications by students while on trips. This concern includes medically prescribed drugs, as well as Tylenol, cough and cold remedies, etc.

If it is necessary for your child to bring medication of any sort on this trip, please provide the following information, on the understanding that your child will be responsible for his/her own medication(s):

Medication: _____

Dosage, times, Special Directions: _____

Comments: _____

Medication: _____

Dosage, times, Special Directions: _____

Comments: _____

Medication: _____

Dosage, times, Special Directions: _____

Comments: _____