

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

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

**Dates: March 8 – March 17, 2012**

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#: \_\_\_\_\_

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**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, USA** from **March 8 – March 17, 2012.**

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)

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**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: \_\_\_\_\_