



Spring Crew Training Camp Chaperone Emergency & Medical Form

Chaperone Name: _____

Emergency Information

Please provide a contact for those to be contacted in the event of an emergency.

Call 1st: _____ Relationship to Chaperone: _____

Cell Phone #: _____ Other Phone #: _____

Call 2nd: _____ Relationship to Chaperone: _____

Cell Phone #: _____ Other Phone #: _____

Medical Information

I grant the Crew Head Coaches, or their designee the authority to act for me and to provide any required consents and authorization for the delivery of medical care, diagnosis, and treatment. This authorization includes surgical intervention, if necessary, and do all other necessary things as I might or could do to provide for my health and safety, if I were present. (This authorization is valid for the current school year or until such time as I withdraw the authorization.)

Chaperone's Birth Date: _____ Name of Doctor: _____

Address: _____ Phone #: _____

Medical Insurance Company: _____ Policy #: _____

Date of Most Recent Tetanus (Td) Vaccine: _____

Health History

Describe any medical condition, special needs, or physical limitations: _____

Do you take medication regularly? Yes No

If yes, what medication and when taken? _____

Reason for medication (optional): _____

Describe your allergies to food or other things (if any): _____

Are you restricted from any type of recreational activity? Yes No

If yes, please explain: _____

I give the Trenton High School Varsity Crew coaches permission to administer basic first aid (i.e. bandages, icepack) to me. The coaches and chaperones do not dispense medications, including pain relievers. In case of illness or injury, I give consent to the Trenton High School Varsity Crew coaches to seek medical attention for me and I hereby authorize any treatment deemed necessary. I understand that I will be responsible for any associated costs. I understand that I will be allowed to carry medically necessary medications:

Signature: _____ Date: _____