

Olentangy Rowing Club  
**Emergency Contact and Medical Consent**

**Participant Information**

Name of Participant \_\_\_\_\_

Address \_\_\_\_\_

**If Participant is under 18:**

Parent/Guardian 1

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Parent/Guardian 2 (if applicable)

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

**Emergency Contact 1**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Cell # \_\_\_\_\_ Work Phone # \_\_\_\_\_

**Emergency Contact 2**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Cell # \_\_\_\_\_ Work Phone # \_\_\_\_\_

**PART I OR II MUST BE COMPLETED:**

**PART I - TO GRANT CONSENT** I hereby give consent for the following medical care providers and local hospital to be called:

Doctor \_\_\_\_\_ Phone # \_\_\_\_\_

Dentist \_\_\_\_\_ Phone # \_\_\_\_\_

Medical Specialist \_\_\_\_\_ Phone # \_\_\_\_\_

Local Hospital \_\_\_\_\_ Emergency Room Phone # \_\_\_\_\_

I hereby give my consent for: (1) the administration of any treatment deemed necessary by above-named doctor, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the participant's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

**If participant is under 18:**

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**PART II - REFUSAL TO CONSENT** I do **NOT** give my consent for emergency medical treatment. In the event of illness or injury requiring emergency treatment, I wish Olentangy Rowing Club officials to take the following action (written instructions must be completed):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

**If participant is under 18:**

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_