

Olentangy Rowing Club

Medical Information

List past and current medical conditions

List past surgeries

List prescription and over the counter medications

List any allergies (medicines, pollens, food, stings, etc)

List any other physical limitations

I hereby state that, to the best of my knowledge, the information on this form is correct and complete.

Participant name: _____

Participant signature: _____

Date: _____

If participant is under 18:

Parent/Guardian name: _____

Parent/Guardian signature: _____

Date: _____