

Greenwich Water Club Inc.
Greenwich Crew
Medical Emergency Authorization

PARTICIPANT: _____
(Please Print) Last First Middle

ADDRESS: _____
Street City State Zip Code

During my child's participation in the GWC Greenwich Crew Junior Program, I / we authorize the coaches and trainers of the GWC to make decisions to proceed with any critical medical surgical treatments required for his/her health and welfare, provided an attempt to notify me/us has been made.

SIGNATURE #1: _____
Parent/Guardian Date

Parent/Guardian #1 Info: _____
Home # Work # Cell #

SIGNATURE #2: _____
Parent/Guardian Date

Parent/Guardian #2 Info: _____
Home # Work # Cell #

The coaches and trainers have my/our permission to give my son/daughter over-the-counter medications stocked in the medical training kits: Y N Initial _____

Medications currently being taken (include generic names, special instructions, etc.)

Are there any medical conditions that we should be aware of (allergies, heart conditions, etc.)

IN CASE OF EMERGENCY, PLEASE CONTACT (IF PARENT/GUARDIAN IS NOT AVAILABLE)

Name: _____
(Please Print) Last First Home # Work # Cell #

Name: _____
(Please Print) Last First Home # Work # Cell #

Physician: _____
(Please Print) Last First Telephone

Address: _____
Street City State Zip Code

Dentist: _____
(Please Print) Last First Telephone

Address: _____
Street City State Zip Code

Insurance _____ Policy Number _____

IN THE EVENT I / WE CANNOT BE REACHED, I GIVE GREENWICH WATER CLUB PERMISSION TO SEEK MEDICAL ATTENTION FOR MY CHILD.

Parent/Guardian Signature: _____ Date: _____