



## HEALTH INFORMATION AND CARE AUTHORIZATION

Participant's Name (L, F) \_\_\_\_\_

Birth-date (day/mo/yr) \_\_\_\_\_

**CONTACT INFORMATION:**

Parent/Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Other Phone \_\_\_\_\_

Alternate Emergency Contact Person \_\_\_\_\_

Home Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

**MEDICAL INFORMATION:**

Primary Care Physician \_\_\_\_\_

Phone(s) \_\_\_\_\_

Participant's:

Allergies \_\_\_\_\_ Medications \_\_\_\_\_

Restrictions \_\_\_\_\_

Any Other Health Issues \_\_\_\_\_

**INSURANCE INFORMATION:**

My child is covered by Family Medical/Hospital Insurance: Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_

Insurance holders name & relation to participant \_\_\_\_\_

Policy # \_\_\_\_\_ Group ID # \_\_\_\_\_

Please attach a copy of Insurer's wallet card to this form.

My child is physically able to participate fully and safely in the Charles River Rowing Camp (CRRC) and has no medical condition which would limit his/her participation. I will be fully responsible for all medical expenses incurred by my child while attending CRRC. I grant CRRC staff the authority to take appropriate actions for my child's health and safety, and to obtain medical assistance if necessary.

I realize that there are unavoidable risks involved in rowing, as well as in my child's week-long residence in an open campus in an urban environment. I understand that neither CRRC coaches, nor Harvard University, nor the Harvard Law School can accept responsibility for injuries, accidents or mishaps involving my son/daughter during his/her week at CRRC.

I have provided accurate information here-in, and have read and freely signed this agreement, which shall take effect as a sealed instrument.

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