PEGASUS ROWING / UPPER MERION SCHOOL DISTRICT

Swim Ability, Health & Medication Form

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This form helps the coaching staff keep your rower safe on and off the water. The information you share will be kept confidential and shared only with the Pegasus coaches who need it. If anything changes during the season, please let the coaches know in writing and complete a new form.

Rower Information

Rower name: _____ Date of birth: _____

School: _____ Grade: _____

Parent/guardian name: _____ Parent/guardian cell: _____

Parent/guardian email: _____ Second contact & cell: _____

1. Swim Ability Certification

I certify that my rower is able to:

☐ stay afloat in water for at least **10 minutes** without touching the bottom and without the benefit of a life jacket; **and**

☐ swim **50 meters** without assistance.

Parent/guardian initials: _____

2. Health Information for the Coaching Staff

Please tell us about any **physical, medical, mental, or emotional** condition that the coaches should be aware of, so they can recognize a problem and respond appropriately. Examples include asthma, allergies (food, insect stings, medication), diabetes, seizures, heart conditions, fainting, recent injuries, surgery or concussion, physical limitations, anxiety, ADHD, or anything else that affects how your rower handles training, stress, or competition.

☐ **None** – my rower has no conditions the coaches need to know about.

Physical or medical conditions:

_____

_____

_____

Mental or emotional health:

_____

_____

_____

Allergies (what, and the reaction):

_____

_____

What should coaches watch for, and what should they do?

_____

_____

_____

3. Inhaler and Other Medication

Does your rower need to have any of the following with them at practices, workouts, and regattas?

☐ Inhaler ☐ EpiPen / epinephrine auto-injector ☐ Other medication ☐ None

Medication name(s) and when it is used:

Where the rower will keep it (e.g., in their bag):

PARENT / GUARDIAN RESPONSIBILITY

Supplying, carrying, and managing any inhaler or medication is the responsibility of the parent/guardian and the rower – not the coaching staff. By signing below, I agree that:

- I will make sure my rower brings any needed inhaler or medication to every practice, workout, and regatta, and that it is not expired.
- I will make sure my rower knows when and how to use it.
- Pegasus coaches do not supply, store, keep track of, or remind rowers to take medication.
- In an emergency, coaches will call 911 and contact the parent/guardian.
- I will tell the coaches in writing if my rower's health, conditions, or medication change.

Certification

I certify that the information on this form is accurate and complete to the best of my knowledge. (If the rower is under 19 years old, a parent or guardian must sign.)

Name of rower: _____ Rower signature: _____

Name of parent/guardian: _____ Parent/guardian signature: _____

Date: _____

Return this signed form **together with Form 1** to Coach Franck before your first practice.