



Waitemata Rowing Club Inc.

Taipari Strand, Te Atatu Peninsula
PO BOX 79 107, Royal Heights, Auckland City

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HEALTH PROFILE

A copy of this document will be taken to each event. Details will remain confidential to WRC event manager and will only be released to emergency medical staff and/or event management if required. This health profile is designed to assist in the care of all participants at rowing events, including adults. One form is to be completed for EACH participant/supporter.

Name _____

Medic Alert Number (if applicable) _____

Doctor's Name _____ Dr Ph _____

1. Please tick if you have any of the following

- | | | |
|-----------------------------------|--|---|
| <input type="checkbox"/> Migraine | <input type="checkbox"/> Travel Sickness | <input type="checkbox"/> Dizzy spells |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Fits of any type | <input type="checkbox"/> Colour blindness |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Chronic nose bleeds | <input type="checkbox"/> Sleepwalking |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Heart condition | <input type="checkbox"/> Other [Please specify] |

2. Are you currently taking any medication?

- Yes No

If yes, please state ailment(s) _____

Name of medication(s) _____

Dosage and time(s) to be taken _____

Other treatment required _____

3. Have you had any major injuries [eg. breaks or strains etc] or illness [eg. glandular fever etc] in the last 6 months that may limit full participation in any activities?

- Yes No

If yes, please specify _____

4. What pain/flu medication may your child be given if necessary?

- | | | |
|---|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Paracetamol | <input type="checkbox"/> Ibuprofen |
| <input type="checkbox"/> Recommended dose | <input type="checkbox"/> One tablet | <input type="checkbox"/> Two tablets |

5. Are you allergic to any of the following? Please specify

Prescription medication _____

Food _____

Insect bites/stings _____

Other allergies _____

What treatment is required? _____

Do you carry an EpiPen? Yes No N/A

6. When was your last tetanus injection?

Approx Date _____ More than 5 years ago

7. Outline any dietary requirements

8. Is there any information the Waitemata Rowing Club should know to ensure the physical and emotional safety of participant? [eg cultural practices, disabilities, anxiety about darkness or height etc, behaviour or emotional problems]

Yes No

If yes, please specify _____

This document is to be read and signed by an adult participant or parent/caregiver of youth [under 18] participant. I agree that if prescribed medication needs to be administered, a designated adult will be assigned to do this. I will ensure that prescribed medication is clearly labelled, securely fastened and handed to the designated adult with instructions on its administration.

I will inform the Waitemata Rowing Club President as soon as possible of any changes to medical or other circumstances that might affect WRC duty of care as they occur during the membership season.

I agree to my child/myself receiving any emergency medical, dental, or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present [or otherwise as noted in section 8].

I agree to this document being released to medical authorities, in cases of medical intervention. Any medical costs not covered by ACC or a community service card will be paid by participant

I understand that Waitemata Rowing Club Inc. or its officers accept NO responsibility for personal injury, or actions in a medical emergency at any WRC event. My full disclosure is the best way to ensure appropriate medical response.

Print Name _____

Signed _____ Date _____