Adaptive Rowing Athlete Emergency Care Plan

Athlete Information				
Athlete Name				
Date of Birth				
Team/Club				
Emergency Co	ntacts			
Name	Relationship	Phone	Alt. Phone	
Medical Informa				
Primary Diagnosis	/ Disability			
Allergies				
Current Medication	S			
Assistive Devices Used				
Addistive Devices (
Emergency Pro	otocol			
	f Medical Emergency			
Immediate Actions	to Take			
Preferred Hospital				

Additional Information			
Special Instructions			
Treating Physician & Contact			