

JUNIOR SAILING PROGRAM MEDICAL FORM & RELEASE

Club Name _____

Student Name _____

Date of Birth _____ Sex _____ Height _____ Weight _____

Please list any past medical problems _____

Surgical history _____

Allergies: Medications _____

Foods _____

Other (including Bees, Wasps, Jelly Fish) _____

Current Medication Taken _____

Date of Last Tetanus shot _____

Physician's Name _____ Physician's Telephone _____

Attach recent physical examination (within 24 months of program start date).

Emergency Contacts (at least one should be local):

1. _____

Parent/Guardian	Relationship	Phone
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2. _____

Parent/Guardian	Relationship	Phone
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3. _____

Other Contact	Relationship	Phone
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4. _____

Other Contact	Relationship	Phone
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I, _____, (Parent/Guardian) authorize the program organizers or their employees to sanction emergency treatment if none of the student's emergency contacts or Parent/Guardians can be reached at the time of an emergency.

 Parent/Guardian Signature

 Date