

NARRASKETUCK YACHT CLUB

Junior Sailing Medical Form

Please print legibly and fill out one form for each sailor

STUDENT INFORMATION

Student first and last name _____

Birth Date _____

Sex (circle)

F / M

Address _____

City _____ State _____ ZIP _____

Home phone _____ Cell Phone _____

PARENT/GUARDIAN INFORMATION

EMERGENCY CONTACT #1

First Name and Last Name _____

Relationship

—

Mother

work phone _____

—

Father

—

Guardian/other

Cell phone _____

PARENT/GUARDIAN INFORMATION

EMERGENCY CONTACT #2

First Name and Last Name _____

Relationship

—

Mother

work phone _____

—

Father

—

Guardian/other

Cell phone _____

MEDICAL INFORMATION

Physician Name _____

Insurance Company _____

Physician Phone _____

Policy/member number _____

Policy Owner's Name _____

Group number _____

Chronic illness, medical conditions (please list, or write none) _____

Allergies (please list, or write none) _____

Medications (please list, or write none) _____

I hereby authorize an instructor from Narrasketuck Yacht Club, or an adult who bears this document, to authorize emergency treatment for the Junior Sailor named above in the event that a parent or legal guardian cannot be reached at the above telephone numbers at the time of the emergency.

Parent/Guardian Signature

Date