

# 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 \_\_\_\_\_

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### PARENT/GUARDIAN INFORMATION

#### EMERGENCY CONTACT #1

First Name and Last Name \_\_\_\_\_

#### Relationship

— Mother work phone \_\_\_\_\_

— Father \_\_\_\_\_

— Guardian/other Cell phone \_\_\_\_\_

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### PARENT/GUARDIAN INFORMATION

#### EMERGENCY CONTACT #2

First Name and Last Name \_\_\_\_\_

#### Relationship

— Mother work phone \_\_\_\_\_

— Father \_\_\_\_\_

— Guardian/other Cell phone \_\_\_\_\_

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### 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) \_\_\_\_\_

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Allergies (please list, or write none) \_\_\_\_\_

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Medications (please list, or write none) \_\_\_\_\_

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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