

South Shore Yacht Club Jr. Sailing Program Emergency Contact and Medical Consent

Participant information

Sailor's name _____ Date of birth _____

Parent's name _____ E-mail _____

Home address _____

Home phone _____ Day time phone _____

Emergency contact information

Primary Contact _____ Relationship _____

Day phone _____ Cell phone _____ Notes _____

Back up contact _____ Relationship _____

Day phone _____ Cell phone _____ Notes _____

Health information

Health Insurance Co. _____ Policy # _____

List any medications taken _____

List any know allergies _____

Describe any existing medical conditions _____

Emergency treatment consent

I hereby give consent to the South Shore Yacht Club to secure such medical attention as the above named minor child may require during his/ her participation in the South Shore Yacht Club's Jr. Sailing Program including transfer of said child to a nearby hospital and administration of emergency medical services as may be deemed necessary by medical personal. I have listed above: our medical insurance information; medications that my child is now taking; all know allergies; and, any significant existing medical conditions. I have also provided accurate emergency contact information.

(parent/guardian's signature)

dated