

South Shore Yacht Club Junior Sailing
Emergency Contact and Medical Consent Form 2019



Participant information

Sailor's name _____ Date of birth _____

Parent/Guardian name _____ E-mail _____

Home address _____

Home phone _____ Daytime phone _____

Emergency contact information:

Primary Contact _____ Relationship to sailor _____

Day phone _____ Cell phone _____ Notes _____

Back up contact _____ Relationship to sailor _____

Day phone _____ Cell phone _____ Notes _____

Health information:

Health Insurance Co. _____ Policy # _____

List any medications taken _____

List any known allergies _____

Describe any existing medical conditions _____

Explain and give all information needed to provide as safe and as full participation as possible for your child: _____

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 Junior 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 known allergies; and, any significant existing medical conditions. I have also provided accurate emergency contact information.

Parent/Guardian signature

Date