

**South Shore Yacht Club Junior Sailing**  
**Emergency Contact and Medical Consent Form 2022**



**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.

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Parent/Guardian signature

Date