

# 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 (check) <input type="checkbox"/> Male <input type="checkbox"/> Female
Address			
City	State	Zip code	
Home phone		Cell Phone	

### PARENT/GUARDIAN INFORMATION

<b><u>EMERGENCY CONTACT # 1</u></b> First Name and Last Name	<u>Relationship</u> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian/Other	Work Phone
		Cell Phone
Full Address		

<b><u>EMERGENCY CONTACT # 2</u></b> First Name and Last Name	<u>Relationship</u> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian/Other	Work phone
		Cell phone
Full Address		

### MEDICAL INFORMATION

Physician Name	Insurance company
Physician phone	Policy/member number
Policyowner'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 my Club or Program, 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