

Quannapowitt Yacht Club – Youth Sailing Program – Medical Form

Youth Sailor's Name DOB Height Weight Last Tetanus Shot

Please fill this form out as completely and accurately as possible. This is the information we would give to medical personnel in the event of an emergency. Use one form per child.

Allergies to Medications? YES NO – if YES, please list medications.

Other Allergies YES NO (including food, insect bites, etc.) – if YES, please list.

Medications Taken? YES NO – if YES, please list.

Is there any medical reason that your child would not be able to participate in the full range of activities offered by QYC Youth Sailing? YES NO

Examples: vision or hearing disabilities, physical handicap, chronic ear infections, epilepsy, circulatory, respiratory or heart problems.

If YES, please describe on the back of this page. Attach additional sheet(s) of paper if needed.

EMERGENCY CONTACTS:

Name	Relation	Daytime Phone	Other Contact #'s
1. _____			
2. _____			
3. _____			

Family Doctor: _____ Phone: _____

Insurance Policy Name: _____ Policy Number: _____

STATEMENT OF UNDERSTANDING AND EMERGENCY TREATMENT AUTHORIZATION:

I, _____, the parent/guardian of _____, a minor child, have the authority to enroll him/her as a student in the QYC Youth Sailing Program. By signing below, I indicate my understanding that participating in the QYC Youth Sailing Program involves a risk of injury, and I authorize the staff of the Quannapowitt Yacht Club Youth Sailing Program to obtain emergency or medical treatment for the participant named above in the event of a medical emergency.

Signed, _____ Date _____

CERTIFICATION:

I, _____ the parent/guardian of _____, certify that the above information is current and correct. If there is any change, I will immediately notify the QYC Youth Sailing Program in writing.

Signed, _____ Date _____