

# Quannapowitt Yacht Club – Youth Sailing Program – Medical Form and Emergency Contact Forms

\_\_\_\_\_  
Youth Sailor's Name

\_\_\_\_\_  
DOB

\_\_\_\_\_  
Height

\_\_\_\_\_  
Weight

\_\_\_\_\_  
Last Tetanus Shot

*Please fill out both sides of this form as completely and accurately as possible. This is the information we would give to medical personnel in the event of an emergency.*

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. Attach additional sheet(s) of paper if needed.

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 \_\_\_\_\_

## EMERGENCY CONTACTS:

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

## 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 \_\_\_\_\_