



**PORTLAND JUNIOR SAILING
2010 MEDICAL FORM**



SAILOR'S NAME: _____ **D.O.B.:** _____
HEIGHT: _____ **WEIGHT:** _____ **LAST TETANUS:** _____

Please fill this form out thoroughly and accurately, even if some of the information is repetitive from one form to another. A copy of this medical form will be given to the EMT's in the event of an emergency. **Please fill out one form per child, and use extra paper if necessary. Do not write on the back of this page.**

Allergies to Medications? **Yes** **No** (If yes, please print details below.)

Other Allergies (i.e. food, insect bites, nuts)? **Yes** **No** (Describe Below.)

Medications Being Taken? **Yes** **No** (Describe Below.)

Is there any medical reason that your child would not be able to participate in the full range of activities offered by PYC Junior Sailing? Examples may include (but are not limited to): vision or hearing disabilities, physical handicap, chronic ear infections, epilepsy, circulatory, respiratory or heart problems. **Yes** **No** (Describe Below or on separate paper.)

Emergency Contact Information:

NAME	RELATION	DAYTIME PHONE	SECOND PHONE
1			
2			
3			

Family Doctor: _____ Phone: _____
 Insurance Policy Name: _____ Policy #: _____

Certification:

I, _____, the parent/guardian of _____, certify that the above information is current and correct. If there is any change in my child's medical information, I will immediately notify the Portland Yacht Club Junior Sailing Program in writing.

Signed, _____ Printed, _____ Date, _____

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 Portland Yacht Club Junior Sailing Program. By signing below, I indicate my understanding that participating in the PYC Jr Sailing Program involves a risk of injury, and I authorize the staff of the Portland Yacht Club to obtain emergency medical treatment for the participant named above in the event of a medical emergency.

Signed, _____ Printed, _____ Date, _____