_____ _____ _____ _____ _____

Sailor's Name (print above) DOB Height Weight Last Tetanus Shot

Portland Yacht Club Junior Sailing 2008 Medical Form

Please fill this form out as completely and accurately as possible, even if some of the information is the same as on other forms. This is the information we give to the EMTs in case of an emergency.

One form per child, please. Please use extra paper as necessary, do not write on the back of form.

_____

YES NO **Allergies to Medications?** (circle one) (if YES, please print details above)

_____

YES NO **Other Allergies** (including food, insect bites, etc) (if YES, please print details)

_____

YES NO **Medications Taken?** (if YES, please print all details above)

_____

YES NO **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. If YES, please describe in detail above, use extra paper if necessary.

Emergency Contacts (in order):

Name Relation Daytime Phone Other Contact #'s

1._____

2._____

3._____

Family Doctor:_____ Phone: _____

Insurance Policy Name: _____ Policy Number: _____

CERTFICATION:

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

Signed, _____ Please Print Name_____ 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 or medical treatment for the participant named above in the event of a medical emergency.

Signed, _____ Please Print Name_____ Date _____