

Medical Information and Consent Form

Parent/Guardian's Name _____

Child's Name _____

Home Phone _____ Cell Phone _____

Work Phone _____ Other (please indicate) _____

Medical Insurance Company _____ Policy Number _____

Primary Care Physician _____ Phone Number _____

Dentist _____ Phone Number _____

Please describe any medical conditions or concerns. _____

Please list any medications to inform medical personnel in treating your child in case of emergency.

Emergency Contact Person (other than person listed above) _____

Relationship _____ Phone Number _____

The undersigned represents that they are the parent/guardian of the junior sailor named above, and in the event of injury or illness of said junior sailor while participating in the Junior Sailing Program at NCYC, agree to the following provided the undersigned is unavailable:

1. The undersigned consent to furnishing to said child, medical care, attention and treatment by any hospital or physician deemed necessary or advisable.
2. The undersigned authorize any officer or member of North Cape Yacht Club to consent to medical care, attention or treatment of said child.
3. The undersigned shall be responsible for all costs of such medical care, attention or treatment, and shall indemnify and hold free and harmless from any and all liability for such cost North Cape Yacht Club and the officers and members thereof.
4. The undersigned shall pay for the full cost of camp if the child is withdrawn from camp after the June 2, 2008 deadline.

Parent/Guardian Signature _____ Date _____

I refuse to give anyone consent to authorize the medical treatment of my child. In case of emergency, contact myself or anyone else listed on this application.

Parent/Guardian Signature _____ Date _____