

CHILD'S NAME _____

NCYC SAIL CAMP

2018 EMERGENCY MEDICAL AUTHORIZATION FORM

This form enables parents/guardians to authorize emergency treatment for children who become ill or injured while participating in sail camp instruction programs. **PLEASE COMPLETE EITHER PART I or PART II of this form.**

Date of Birth _____ Age _____ Male _____ Female _____

Address _____

City, State and Zip _____

Phone _____

In the event of an emergency involving a participant all reasonable attempts will be made to contact the parents or guardians listed below.

Emergency medical personnel will be notified for transfer to the nearest hospital if necessary.

(Parent or Guardian Name)	(Relationship)	(Cell Phone)
(Parent or Guardian Name)	(Relationship)	(Cell Phone)
(Additional Contact)	(Relationship)	(Cell Phone)

MEDICAL INFORMATION

Child's Physician _____

Phone _____

Allergies _____

Current Medications _____

Ongoing Medical Conditions or Physical Impairments _____

MEDICAL INSURANCE INFORMATION Optional – this may assist staff in the event that your child is taken to the hospital for treatment

Insurance Carrier _____

Group Policy # _____ Plan # _____

PART I - CONSENT

I do hereby give my consent for emergency medical treatment of my child in the event of accident, illness or injury.

(Parent/Guardian Signature) _____ (Date) _____

PART II - REFUSAL TO CONSENT (Do not complete if you completed Part I)

I do not give my consent for medical treatment of my child. In the event of illness or injury requiring emergency treatment,

I wish the instructor to take no action or to: _____

(Parent/Guardian Signature) _____ (Date) _____