

Namequoit Sailing Association Junior Sailing Program

Personal Health & Medical Form

(Please print or type)

Sailor's Name _____ Date of Birth _____ Age _____

Name of Parent/Guardian _____ Phone _____

Home Address _____

Home Phone _____ Home Email Address _____

Business Address & Phone _____

If the person above is unavailable in the event of an emergency, notify:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name of Personal Physician _____ Phone _____

Health/Accident Insurance Carrier _____ Policy # _____

In case of an emergency, I understand every effort will be made to contact me. If I can not be reached, I hereby give my permission to secure medical treatment which may include hospitalization, anesthesia, surgery or injection of medication.

Medical Conditions Past or Present (please check)

Asthma	yes () no ()	Heart disease	yes () no ()	Leukemia	yes () no ()
Allergies	yes () no ()	High blood pressure	yes () no ()	Cancer	yes () no ()
Convulsions	yes () no ()	Diabetes	yes () no ()	Hemophilia	yes () no ()

Explanations _____

Allergies (please check)

Food	yes () no ()	Plants	yes () no ()
Medicines	yes () no ()	Insect bites	yes () no ()

Explanations _____

Date of last tetanus shot _____. Identify any special equipment such as orthopedic or handicap devices, glasses, contacts, dentures: _____

Your signature _____ Date _____