

*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 \_\_\_\_\_