

2017
Waukegan Yacht Club Youth Foundation
Medical Form

Student's Name _____ Weight _____ Date of Birth _____

Parent/Guardian Name _____

Parent/Guardian Cell Phone _____ Alternate Phone _____

Emergency Contact Information:

Name _____ Cell Phone _____

Relationship _____ Alternate Phone _____

Name _____ Cell Phone _____

Relationship _____ Alternate Phone _____

Doctor _____ Phone _____

Medical Concerns

Does the student have allergies? Yes No

Does the student have any hearing, visual, or dental conditions requiring special attention? Yes No

Does the student have any medical or developmental conditions requiring special attention? Yes No

Does the student take any medications (prescription or non-prescription) on a regular basis? Yes No

Date of last tetanus vaccination _____

If you answered yes to any of the above, please specify:

Insurance and Medical Coverage Release

The student is covered by the following medical insurance:

Name of Insurance Carrier (ex. Blue Cross Blue Shield) _____

Policy Number _____

In case of an emergency, I understand every effort will be made to contact me, or my emergency contact. In the event I and my emergency contact cannot be reached within a reasonable time period, or if a medical emergency is of such a nature that medical transport is called before I can be contacted, I hereby authorize the Waukegan Yacht Club Youth Foundation and its sailing instructors to arrange transport to take my child to an emergency medical care facility to have emergency medical care administered to my child, and to employ the insurance policy noted above for such purpose. I hereby give permission to the attending physician in the emergency care facility to secure proper medical treatment. Such treatment may include hospitalization, anesthesia, surgery or injection of medication for my child. In the event emergency medical care is deemed immediately needed by the WYCYF or the sailing instructor prior to arrival of emergency medical transport, I hereby authorize WYCYF and the instructor to administer such emergency care as deemed necessary.

Signature of Parent/Guardian _____ Date _____