

**Fair Haven Yacht Club Junior Sailing Program
2018 Medical Information Form**

Student Name _____

Last

First

M.I.

Date of Birth _____

Male

Female

Physical Conditions _____

(Specify if any i.e. eyeglasses, contacts, hearing impairment)

Chronic Ailments:

- Asthma or other Respiratory conditions
- Circulatory Problems
- Epilepsy
- Fainting
- Diabetes
- Heart Conditions and/or anomalies
- Hemophilia or any other bleeding disorders
- Hypoglycemia
- Other conditions that warrant special care, needs, or accommodations. Please comment below

Comments as to medication, care, or treatment:

Allergies:

-
-
-
-
-

Bee Stings
Dairy Products
Insect bites
Peanuts
Other Food

Does your child have a bee sting kit? yes no

Please describe the symptoms of the allergic reaction and treatment (if any):

Current Medications (if any) _____

Date of Last Tetanus Shot _____ Blood Type _____

Date of Last Complete Physical Exam _____

Family Physician _____ Phone Number _____

Health Ins. Provider _____ Policy Number _____

Medical Authorization:

The undersigned parent/guardian of _____ a minor, does hereby authorize the FHYC staff to act in my absence to authorize or consent to any emergency X-ray, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any physician or surgeon licensed under the provision of the Medical Practice Act. It is understood this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician, in the exercise of his best judgement, may deem advisable; and neither said agent or any organization involved assumes any financial responsibility for exercising this action.

This authorization shall remain effective until revoked, in writing.

Signature: Parent/Guardian _____ Date: _____

Address: _____

Phone: Home: ()

Work: ()

Cell/Pager: ()
