

**Medical Release**

Authorization for Emergency Medical Treatment:

Let it be known that I am a legal resident of \_\_\_\_\_ (City and State Name) now residing at \_\_\_\_\_ (Street Address) am the lawful parent/guardian and have full custody of \_\_\_\_\_ (Child's Name). That I have made, constituted, and appointed, and by these presents do make, constitute and appoint personnel of the Hampton Yacht Club Junior Sailing Program or Hampton Yacht Club to act for me and in my name place, and stand to perform any and all acts hereinafter set down, as fully to all intents and purposes as I might or could if personally present, with full power of substitution and revocation, hereby ratifying and confirming all the sail personnel shall do or cause to be done by virtue of this power, to wit:

AUTHORIZE ANY AND ALL MEDICAL AND HOSPITAL CARE AND TREATMENT, INCLUDING MAJOR SURGERY, DEEMED NECESSARY BY A DUL LICENSED PHYSICIAN OR DULY LICENSED STAFF PHYSICIAN AT ANY MEDICAL FACILTY WHICH IS NECESSARY FOR THE HEALTH AND WELL-BEING OFMY CHILD NAMED HEREIN.

The terms of this appointment becomes null and void after December 31<sup>st</sup>, 2016,

In witness whereof, I have heron set me hand and seal this \_\_\_\_\_ day, of \_\_\_\_\_ (Month), 2016.

\_\_\_\_\_ (Parent/Guardian Signature) \_\_\_\_\_ (Date)

Child's Medical Insurance Information:

Carrier: \_\_\_\_\_ Group #: \_\_\_\_\_

Participant/Member ID: \_\_\_\_\_ Child's Medical Doctor: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_ Doctor's Phone #: \_\_\_\_\_

Child's Medical Information or History (such as allergies, food allergies, medications): \_\_\_\_\_

\_\_\_\_\_

IN CASE YOU CANNOT BE REACHED, PLEASE PROVIDE AN EMERGENCY CONTACT:

\_\_\_\_\_

(Name)

(Relationship)

(Phone #)