

**The Southern Massachusetts Sailing Association
Personal Health and Medical Form**

Please print or type.

Name _____ Date of Birth _____ Age _____ Sex _____

Name of parent/guardian _____ Phone _____

Home address _____ Town/City _____ State _____

Business address _____ Town/City _____ State _____

If the person named above is not available in the event of any emergency, notify:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name of personal physician _____ Phone _____

Health/Accident Insurance Carrier _____ Policy No. _____

In the case of emergency, I understand every effort will be made to contact me. In the event, I cannot be reached, I hereby give my permission to the physician selected to secure the proper medical treatment which may include hospitalization, anesthesia, surgery or injection of medication for my son/daughter.

Date _____ Signature of parent/guardian _____

Medical information 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:

Food	yes [] no []	Plants	yes [] no []
Medicines	yes [] no []	Insect bites	yes [] no []

Explain any YES answers and give all information needed to provide as safe and as full participation as possible. _____

Any special equipment such as orthopedic or handicap devices, glasses or contacts, dentures?
What? _____

Date of last Tetanus shot: _____