

CLUB \_\_\_\_\_

LAST NAME \_\_\_\_\_

**North Cape Yacht Club  
EMERGENCY MEDICAL AUTHORIZATION FORM**

This form enables parents/guardians to authorize emergency treatment for children who become ill or injured while participating in sailing camps, junior sailing regattas, etc.

Series events. **PLEASE COMPLETE EITHER PART I or PART II of this form.**

Participant's Name \_\_\_\_\_ Grade (2015/16) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Home Club \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City, State and Zip \_\_\_\_\_

**In the event of an emergency involving a participant all reasonable attempts will be made to contact the parents or guardians listed below. Emergency medical personnel will be notified for transfer to the nearest hospital if necessary.**

_____	_____	_____
(Parent or Guardian Name)	(Relationship)	(Cell Phone)
_____	_____	_____
(Parent or Guardian Name)	(Relationship)	(Cell Phone)
_____	_____	_____
(Additional Contact)	(Relationship)	(Cell Phone)

**MEDICAL INFORMATION**

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Allergies \_\_\_\_\_

Current Medications \_\_\_\_\_

Ongoing Medical Conditions or Physical Impairments \_\_\_\_\_

\_\_\_\_\_ Date of last Tetanus shot \_\_\_\_\_

**MEDICAL INSURANCE INFORMATION** (optional – this may assist staff in the event that your child is taken to the hospital for treatment)

Insurance Carrier \_\_\_\_\_

Group Policy # \_\_\_\_\_ Plan # \_\_\_\_\_

**PART I - CONSENT**

***I do hereby give my consent for emergency medical treatment of my child in the event of accident, illness, or injury.***

\_\_\_\_\_

(Parent/Guardian Signature)

\_\_\_\_\_

(Date)

**PART II - REFUSAL TO CONSENT** (Do not complete if you completed Part I)

***I do not give my consent for medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the instructor to take no action or to:*** \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_