

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

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Parent/guardian \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ or (\_\_\_\_) \_\_\_\_\_

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 of personal physician \_\_\_\_\_ Phone \_\_\_\_\_

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? yes[ ] no[ ]

What? \_\_\_\_\_

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