

Oak Harbor Youth Sailing Medical Form

Student Name _____

Date of Birth _____ Sex _____ Height _____ Weight _____

Please list any past medical problems _____

Surgical History _____

Allergies: Medications _____

Foods _____

Other (Bees, Wasps, Jelly Fish) _____

Current Medication Taken _____

Date of last Tetanus Shot _____

Emergency Contact People (first contact should be local):

1. _____
Name Relationship Telephone

2. _____
Name Relationship Telephone

3. _____
Name Relationship Telephone

I, _____ (Parent/Guardian) authorize the Oak Harbor Youth Sailing program organizers or their volunteers to sanction emergency treatment if none of the emergency contact people listed for my child(ren) can be contacted at the time of an emergency.

Parent/guardian signature

Date