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:_____