MEDICAL RESPONSE INFORMATION
AND CONSENT FORM

MINOR'S FULL NAME:_______________________________________ Age_____

DATE OF BIRTH:____

HOME ADDRESS:____

PEOPLE TO CONTACT IN CASE OF AN EMERGENCY:

Father's name:___________________Home:______________Office:______________

Mother's name: __________________ Home:_____________Office:______________

Other name:_____________________ Home:_____________Office:______________

(other person/relationship):____

FAMILY DOCTOR NAME:_______________________ **PHONE**:_____________

POLICY NUMBER:____

FOR GROUP PLANS:
Name of Parent in Group: ____

Group Number: ____

Name of Employer:____

MEDICAL INFORMATION:
Allergies:____

Medical Conditions:____

____

Regularly taken medications:____

____

Other information that may be helpful in case of an emergency: ____________________

____

AUTHORIZATION AND CONSENT TO TREATMENT OF A MINOR

I, the undersigned parent/guardian (circle one) of ________________________________ (minor's full name), hereby consent to any medical and/or surgical treatment, diagnosis, anesthesia and hospital care which is deemed advisable by, and is to be rendered under the general and special supervision of, any physician licensed under the provisions of the law of the state in which said physician practices.

It is understood that this authorization and consent is given in advance of any specific diagnosis or need for treatment, but is provided to give authority to such physician and medical facilities in advance in the event that any such medical and/or surgical treatment, diagnosis, anesthesia or hospital care is deemed necessary by the above described physician.

I am aware that hospital procedures as well as the practice of medicine are not an exact science and I acknowledge that there is no guarantee expressed or implied as to the results of such diagnosis, examination or other procedures carried on by any such physician and/or hospital.

I acknowledge that the efforts of Birmingham Sailing Club and those acting on its behalf in connection with any such medical situation do not constitute an acceptance or acknowledgement by Birmingham Sailing Club or any such individual acting on its behalf of responsibility for the medical situation involved, the results of any such treatment or care, or financial responsibility for such treatment or care.

_______________ ____________________________

Date Signature

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Name Printed