

**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: _____