

Medical History, Emergency Contact and Medical Care Authorization

Oak Orchard Yacht Club Youth Sailing Camp

Although it is rare injuries and other health situations can occur which require medical attention. Please provide the following information so that in case of an emergency the proper medical care can be given.

Student Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Emergency Contact

Primary Contact Name _____ Relationship _____

Phone 1 (____) _____ Phone 2 (____) _____

Secondary Contact Name _____ Relationship _____

Phone 1 (____) _____ Phone 2 (____) _____

Additional Contact Name _____ Relationship _____

Phone 1 (____) _____ Phone 2 (____) _____

Family Physician

Name _____ Telephone (____) _____

Street _____ City _____ State _____ Zip _____

Immunization Dates

Tetanus _____ Measles _____ Polio _____ Mumps _____ Diphtheria _____

Other (____) _____ Other (____) _____

Does your child presently have or have they ever had any of the following:

If you answer yes to any questions please provide information that may be helpful to medical personnel

Allergies Yes No _____

Convulsions Yes No _____

Diabetes Yes No _____

Heart Trouble Yes No _____

Fainting Spells Yes No _____

Impaired Hearing Yes No _____

Impaired Vision Yes No _____

Drug Allergies Yes No _____

A condition requiring regular medical attention or medication Yes No

Has your child been hospitalized during the last 3 years? Yes No

Has your child been examined or treated by a health care provider during the last 3 years for any medical problem other than regular checkups? Yes No

Does your child presently take any medication? Yes No

If yes, please provide name and dosage of each medication

*OOYC Youth Sailing program **does not** provide health and accident insurance for students.*

Your Health Insurance Company _____
Policy Number _____ Group Number _____

Certification, Authorization, Release, and Indemnity Agreement for Medical Care and/or Treatment

As the undersigned, I certify that this medical information is complete and correct to the best my knowledge. I will inform Oak Orchard Yacht Club (OOYC) if any changes occur. I authorize OOYC, their officers, directors and members of the Youth Sailing program to obtain or attempt to obtain medical care for my child as shall reasonably appear to be necessary in the event of injury or illness that may arise during their participation in Youth Sailing. I acknowledge all reasonable efforts shall be made to contact persons listed as Emergency Contacts.

I hereby release the above described persons and entities from any and all claims, demands, actions or causes of action which I, my heirs, personal representatives or assigns may have arising out of obtaining or attempting to obtain such medical care. Further, I hereby promise, agree and covenant to totally and completed indemnify, defend and hold harmless the above described persons and entities from any and all claims, demands, actions or causes of action by any person or persons arising out of obtaining or attempting to obtain medical care and/or treatment, including but not limited to, direct actions, third-party actions, claims, cross-claims, demands or actions for contribution or indemnification.

Parent or Guardian's Signature _____ **Date** _____

Parent or Guardian's Print Name _____ **Student** _____