

PBYC - Junior Sailing Program

Medical Release Form

Personal Information

Student Name: _____
Date of Birth: ___/___/___ Age: ___ Sex: Male Female
Physical Handicaps: _____
Psychological Handicaps: _____
Learning Problems: _____

Chronic Ailments

Asthma or other respiratory problems: Yes No
Diabetes or hypoglycemia: Yes No
Circulatory or heart problems: Yes No
Epilepsy: Yes No
Known allergies: _____
Hemophilia or bleeding problems: Yes No
Current Medications, if any: _____
Date of last tetanus shot: ___/___/___

Health Care Information

Physician name: _____
Physician phone: (____) ____-____
Hospital Preference: _____
Health Insurance provider: _____

Emergency contacts (name, relationship, phone)

1. _____
2. _____
3. _____

Treatment Authorization

I, the undersigned parent or guardian of the minor child named above, do hereby consent to any emergency transportation, treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any licensed physician or surgeon. It is understood that this authorization is given in advance of any specific transport, diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such transport, diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable; and neither said agent or any organization involved assumes any financial responsibility for exercising this action. This authorization shall remain effective until revoked in writing.

Signature (Parent or Guardian): _____

Date: ___/___/___

Home Phone: (____) _____ Cell Phone: (____) _____

Business Phone: (____) _____

(Rev 0, 2010)