Erie Yacht Club

Junior and Adult Medical Form

To insure the safety our students when involved in the Reyburn Sailing School, we ask that this form be completed and returned with your application for all students.

Student Name	**Date of Birth**	**Sex**	**Date of Last Tetanus Shot**

List any Physical, Psychological, or Surgeries

_____

_____

_____

Current Medications Taken

_____

_____

_____

List any Allergies

Food _____

Medications _____

(Other) Includes Bees, Wasps, etc. _____

Can the Student Swim?

Yes_____ No_____

Physician's Name	**Physician's Phone**	**Hospital Preference**

Insurance Company	**Policy Number**

Emergency Phone Numbers (Parent(s) or Guardian(s) if under 18)

1. _____ (H) _____(C)_____
   Name Relationship

2. _____ (H) _____(C)_____
   Name Relationship

3. _____ (H) _____(C)_____
   Name Relationship

I, _____, (Parent/Guardian) authorize the program organizers or their employees to sanction emergency treatment if none of the student's emergency contacts or Parent/Guardians can be reached at the time of an emergency.

_____ _____

Student /Parent or Guardian Signature if under 18 years of age. Date

Must Be Return with the Application