



2019 Plymouth Yacht Club Jr. Sailing Health Record



Name: _____ Date of Birth: _____ Sex: _____
Last First M.I. Nickname

Address: _____
Number Street Town Zip Code

Father's Name: _____ Mother's Name: _____

Guardian is: Father ___ Mother ___ Both ___ Other ___ (if other, list name and address below):

Telephone: Home _____ Work _____ Cell _____

Emergency notification other than parent/guardian: (name, address, phone number)

Family physician or source of medical care: (name, address, phone number)

Family dentist or source of dental care: (name, address, phone number)

Does your child have any of the following **medical problems**: (Circle yes or no. Give details below.)

Asthma	Yes	No	Diabetes or Hypoglycemia	Yes	No
Heart/Circulatory Problems	Yes	No	Hemophilia/Bleeding Disorder	Yes	No
Epilepsy/Seizure Disorder	Yes	No	Other Medical Condition	Yes	No
Kidney or Liver Problem	Yes	No			

Details: _____

Is your child **allergic** to any of the following:

Medications	Yes	No	Bee stings/ Insect Bites	Yes	No
Foods/Peanuts	Yes	No	Other (Describe): _____		

List current **medications** if any: _____

Plymouth Yacht Club has my permission to authorize emergency care for my child. Yes No

Parent/Guardian Signature

Date

I grant my son/daughter permission to participate in the Junior Sailing Program at Plymouth Yacht Club and declare that he/she is physically and medically able to participate in such a program. I do not and will not hold Plymouth Yacht Club responsible and/or liable for any medical condition or injury my child might sustain while engaged in this program.

Parent/Guardian Signature

Date