



Youth Sailing Camp 2008
Medical Form and Authorization for Medical Care
Camp Participant Information

Child's Name: (Print name in full)

Date of Birth:

Social Security No: Blood type (+ or -):

Health Insurance Co.: Policy No.:

Family Doctor: Phone No.:

Known allergies: (Include medications, foods, plants, insects, bees, etc.)

Other known medical problems:

Medications: Dosage: Freq.:

Contact in Case of Emergency

Name: Phone No.:

Name: Phone No.:

Authorization for Medical Care

I authorize the above minor to participate in the Moraine Sailing Club Youth Sailing Camp and give my permission for any hospital, emergency medical center, health care facility, physician or emergency medical personnel to provide any and all medical care services if, in the opinion of such medical authority, it is deemed necessary for any sickness, injury, or for the welfare of the minor in my absence.

Parent/Guardian's Name (please print):

Signature: Date: