



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

Child's Name: _____
(Print name in full)

Date of Birth: _____

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.: _____
_____ 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: _____