

CHAPOQUOIT YACHT CLUB PERSONAL HEALTH AND MEDICAL FORM

Please print or type

Name _____ Date of Birth _____ Age _____ Sex _____

Name of parent/guardian _____ Phone _____

Home address _____ Town/City _____ State _____

Business address _____ Town/City _____ State _____

If the person named above is not available in the event of any emergency, notify:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name of personal physician _____ Phone _____

Health/Accident Insurance Carrier _____ Policy No. _____

In the case of emergency, I understand every effort will be made to contact me. In the event, I cannot be reached, I hereby give my permission to the physician selected to secure the proper medical treatment which may include hospitalization, anesthesia, surgery or injection of medication for my son/daughter.

Date _____ Signature of parent/guardian _____

Medical information past or present (please check):

Asthma	yes[] no[]	Heart disease	yes[] no[]	Leukemia	yes[] no[]
Allergies	yes[] no[]	High blood pressure	yes[] no[]	Cancer	yes[] no[]
Convulsions	yes[] no[]	Diabetes	yes[] no[]	Hemophilia	yes[] no[]

Explanations _____

Allergies: Food yes[] no[] Plants yes[] no[]
 Medicines yes[] no[] Insect bites yes[] no[]

Explain any YES answers and give all information needed to provide as safe and as full participation as possible.

Any special equipment such as orthopedic or handicap devices, glasses or contacts, dentures? yes[] no[]

What? _____ Date of last Tetanus shot: _____