

EMERGENCY MEDICAL FORM

Skipper: _____

DOB: _____
 Last First

Mother's name: _____

Home Phone Cell Phone Work Phone

Father's name: _____

Home Phone Cell Phone Work Phone

Alternative Emergency Contact: _____

Emergency Phone

Physician: _____

Physician Phone

Dentist: _____

Dentist Phone

Any health problems about which we should be aware: _____

(Use back side of paper if necessary)

Health Insurance Carrier: _____ Insurance No: _____

Crew: _____

DOB: _____
 Last First

Mother's name: _____

Home Phone Cell Phone Work Phone

Father's name: _____

Home Phone Cell Phone Work Phone

Alternative Emergency Contact: _____

Emergency Phone

Physician: _____

Physician Phone

Dentist: _____

Dentist Phone

Any health problems about which we should be aware: _____

(Use back side of paper if necessary)

Health Insurance Carrier: _____ Insurance No: _____

I understand that a reasonable attempt will be made to contact me should an emergency arise, but in the event that the Winthrop Yacht Club is unable to reach me or any of the names listed above, I give my permission to have my child transported for emergency care, in order that necessary medical treatment not be delayed.

Skipper's Parent/Guardian (please print) _____

Skipper's Parent/Guardian (signature) _____

Crew's Parent/Guardian (please print) _____

Crew's Parent/Guardian (signature) _____

649 Shirley Street

Winthrop, MA 02152