CLUB _____ LAST NAME_____

I-LYA Junior Sailing 2018
EMERGENCY MEDICAL AUTHORIZATION FORM

This form enables parents/guardians to authorize emergency treatment for children who become ill or injured while participating in I-LYA Junior sailing instruction programs and camps, junior sailing regattas, Junior Bay , and Traveler Series events. ***PLEASE COMPLETE EITHER PART I or PART II of this form.***

Participant's Name _____ Grade (2017/18) _____

Date of Birth _____ Age _____ Male _____ Female _____ Home Club _____

Address _____ Phone _____

City, State and Zip_____

In the event of an emergency involving a participant all reasonable attempts will be made to contact the parents or guardians listed below. Emergency medical personnel will be notified for transfer to the nearest hospital if necessary.

_____ _____ _____
(Parent or Guardian Name) (Relationship) (Cell Phone)

_____ _____ _____
(Parent or Guardian Name) (Relationship) (Cell Phone)

_____ _____ _____
(Additional Contact) (Relationship) (Cell Phone)

MEDICAL INFORMATION

Child's Physician _____ Phone _____

Allergies _____

Current Medications _____

Ongoing Medical Conditions or Physical Impairments _____

_____ Date of last Tetanus shot _____

MEDICAL INSURANCE INFORMATION (optional – this may assist staff in the event that your child is taken to the hospital for treatment)
Insurance Carrier _____
Group Policy # _____ Plan # _____

PART I - CONSENT

I do hereby give my consent for emergency medical treatment of my child in the event of accident, illness, or injury.

_____ _____
(Parent/Guardian Signature) **(Date)**

PART II - REFUSAL TO CONSENT *(Do not complete if you completed Part I)*
I do not give my consent for medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the instructor to take no action or to: _____

Parent Signature _____ Date _____