

CLUB _____

LAST NAME _____

**I-LYA Junior Sailing 2017
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 (2016/17) _____

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 _____