

**MEDICAL INFORMATION AND CONSENT FORM**  
**PLEASE RETURN ASAP**

**Last Name:** \_\_\_\_\_

**JSP 2023 Session:** \_\_\_\_\_

**Boat:** \_\_\_\_\_

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Sex: \_\_\_\_\_

Parents'/Guardians' Name: \_\_\_\_\_

**Local address & phone** while enrolled in program (street name and number, and city):

Father's Phone Business: \_\_\_\_\_ Home: \_\_\_\_\_

Mother's Phone Business: \_\_\_\_\_ Home: \_\_\_\_\_

Legal Guardian's Phone Business: \_\_\_\_\_ Home: \_\_\_\_\_

If parents or guardians cannot be reached, other person to contact in an emergency.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Doctors and Medical Insurance**

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance Company

Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

**Physical Considerations**

Date of last physical examination: \_\_\_\_\_

Allergies to foods and drugs: \_\_\_\_\_

Inoculations current?: \_\_\_\_\_ Current medications: \_\_\_\_\_

Are there learning or physical disabilities that would prevent full participation in the program?: \_\_\_\_\_

Please describe any medical considerations, needs, or concerns about which we should be aware; please be specific: \_\_\_\_\_

**Medical Consent**

The undersigned represent that they are the parents/ legal guardians of the junior sailor named above, and in the event of illness or injury of said sailor while participating in the Friends of the N.C. Maritime Museum's Junior Sailing Program, agree as follows, provided that the undersigned is unavailable:

1. The undersigned consents to furnishing said sailor such medical care, attention and treatment by any hospital or physician or dentist as such hospital or physician or dentist deems necessary or advisable.

2. The undersigned authorizes any officer or instructor or staff member of the Friends of the North Carolina Maritime Museum to consent to such medical care, attention, or treatment.

3. The undersigned shall pay costs of such medical care, attention, or treatment and shall indemnify and hold free and harmless from any and all liability for such cost the Friends of the North Carolina Maritime Museum and the N.C. Maritime Museum and its officers, instructors, and staff thereof.

**Parent/Legal Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_