

Medical Information & Consent Form

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 _____

