

# ***Nagawicka Lake Yacht Club Sailing School 2010***

## **Medical Authorization**

\_\_\_\_\_ Child's name

To insure the safety of your children when involved in the NLYC sailing program, we are asking that parents fill out one of the following forms for each child. This form will be required to be on file for anyone participating in any event.

All instructors have been instructed to call 911 in the event of an emergency.

### **Authorization to Consent to Treatment of Minor**

As the legal guardian of the above mentioned sailor, I hereby give consent for emergency medical care prescribed by a duly licensed Physician, Dentist, or other medical care provider. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent.

Family doctor \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Persons to contact in emergency:

1.) \_\_\_\_\_ Phone \_\_\_\_\_

2.) \_\_\_\_\_ Phone \_\_\_\_\_

Medical problems \_\_\_\_\_

Known Allergies \_\_\_\_\_

Hospital insurance plan name and # \_\_\_\_\_

This authorization shall remain effective until revoked in writing and my child is withdrawn from the NLYC Sailing School activities.

Signature (parent or guardian) \_\_\_\_\_ Date: \_\_\_\_\_

Address \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Signature (parent or guardian) \_\_\_\_\_

Address \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_