



Marco Island Community Sailing Program
at
Marco Island Yacht Club

Medical Form and Release

Student Name: _____

Date of Birth: _____ Sex: _____ Height: _____ Weight: _____

Please list any past medical problems: _____

Surgical history: _____

Allergies: Medications: _____

Foods: _____

Other (eg: Bees, Wasps, Jelly Fish): _____

Current Medication(s): _____

Date of last tetanus shot: _____

Physician's Name: _____ Phone # _____

Emergency Contacts: (at least one needs to be local):

1. _____
Parent/Guardian Name Relationship Phone

2. _____
Parent/Guardian Name Relationship Phone

3. _____
Parent/Guardian Name Relationship Phone



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I, _____, (Parent/Guardian) authorize the program organizers and/or their employees to sanction emergency treatment if none of the student's emergency contacts or Parent/Guardian can be reached at the time of the emergency.

Parent/Guardian Signature

Date

Parent's email: _____