

Olcott Yacht Club Junior Sailing

PLEASE FILL IN ALL INFORMATION

STUDENT MEDICAL RELEASE

Participant's Name: _____ Date of Birth: _____
Street Address: _____ Tel: () _____ (H) _____
City, State, Zip: _____ Tel: () _____ (O) _____

Family Physician's Name: _____
Street Address _____ Tel: () _____
City, State, Zip: _____

Insurance Co. _____ Policy No: _____
Street Address _____ Tel: () _____
City, State, Zip: _____

Do you have any special dietary needs and if so, please explain: _____

Do you have any allergies to cats (or other animals), bee stings, foods, etc., and if so, please explain: _____

Date of last physical exam: _____

Have you been treated for: (please circle)

Rheumatic Fever	Heart Disease	Chronic Disease of the Lung
Asthma	Diabetes	Disease of the Bones or Joints
Epilepsy	Chronic Ear Disease	Other
Vision of Hearing Defect	Contact lenses	

Explain any items check above: _____

I, the undersigned, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis or procedure rendered under the general or specific supervision of any member of the medical staff or of a dentist licensed under the provisions of the Education Law and/or Public Health Law of the State of New York and on the staff of any hospital holding a current operating certificate issued by the Department of Health of the State of New York. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

Signed: _____ Date: _____
(Signature of Father, Mother or guardian)

IN CASE OF EMERGENCY, PLEASE NOTIFY

NAME _____ Tel: () _____

NAME _____ Tel: () _____

**PLEASE RETURN THIS SIGNED RELEASE TO:
OLCOTT YACHT CLUB, PO BOX 715, OLCOTT, NY 14126**