



2009 YOUTH MEDICAL INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sailing \_\_\_\_\_ Rowing \_\_\_\_\_

Give all information needed to provide as safe and as full participation as possible and explain any YES answers below:

In the event of an emergency, notify:

1) Name: \_\_\_\_\_ 2) Name: \_\_\_\_\_
Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_
Contact Phone No(s): \_\_\_\_\_ ( Home) \_\_\_\_\_
\_\_\_\_\_ (Work) \_\_\_\_\_
\_\_\_\_\_ (Cell) \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_
Phone: \_\_\_\_\_

Primary Dentist: \_\_\_\_\_
Phone: \_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_
Policy Number: \_\_\_\_\_

Medical Information: Give all information needed to provide as safe and as full participation as possible and explain any YES answers below:

Asthma Yes ( ) No ( ) Heart Disease Yes ( ) No ( ) Other Yes ( ) No ( )
Allergies Yes ( ) No ( ) High Blood Pressure Yes ( ) No ( )
Convulsions Yes ( ) No ( ) Diabetes Yes ( ) No ( )

If yes, please explain:

Does participant take any prescription drugs regularly? Yes ( ) No ( )
If yes, please explain:

Is there any other information which may impact your child's participation?
If yes, please explain:

Statement of Medical Conditions and Consent for Medical Treatment

As parent/guardian of \_\_\_\_\_, I attest that he/she is in good health and that there is no medical condition that precludes his/her involvement in the programs of Lincoln Maritime Center, Inc. I grant permission to Lincoln Maritime Center, Inc. and its employees to administer medical treatment and to secure medical treatment for \_\_\_\_\_ in the event of injury or sickness from whatever cause.

Signature of Parent/Guardian

Print Name



To: The Parents/Guardians of Lincoln Maritime Center '08 Sailors and Rowers

From: Diane Maclver

Re: Medical Form

All of us at Lincoln Maritime Center, Inc. are looking forward to having your child participate in our sailing and/or rowing programs this summer. Would you please take a moment now to complete the enclosed medical information form and return it in the envelope provided. For your child's safety we need to have this form on file before your he/she can participate in the class(es).

Please remember that if your child is sailing, life jackets are required. And whether they are rowing or sailing, sneakers or water shoes must be worn at all times. Oh, and don't forget the water bottle and sunblock!

If you have any questions, please call at 781-741-5225 or e-mail us at [contact@lincolnmaritime.org](mailto:contact@lincolnmaritime.org).

Thank you in advance for getting the form back quickly.

Sincerely,

Diane Maclver