



Castle Harbor Boating School

Emergency & Medical Form

This form must be completed and signed by you or your parents (if you are a minor) and turned in prior to the start of you course.

Name: _____ Sex: M F Age: _____

Street: _____ DOB: _____

City: _____ State: _____ Zip: _____

Emergency Contact: _____

Address: _____

Telephone 1: _____ Telephone 2: _____

Student Medical Information: Please check all that apply (use reverse side for details if necessary)

Chronic Ailments

- Asthma or other Respiratory Problems
- Diabetes or Hypoglycemia
- Hemophilia or Other Bleeding Problems
- Circulatory or Heart Problems
- Epilepsy

Allergies

- Medication (please list below)

- Bee Stings/ Insect Bites
- Foods
- Others, if significant

Date of Last Tetanus Shot: _____ Do you wear glasses/contacts? Yes No

Current Medications, if any: _____

Physician: _____ Phone: _____

Health Insurance: _____ Number: _____

I, the undersigned, as parent/ guardian, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis and procedure rendered under the general or specific supervision of any member of the medical staff or of a dentist licensed under provisions of the State Education Law and/or Public Health Law of the State and on the staff of any hospital holding a current operating certificate issued by the State Department of Health. 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 any of the above treatment will not be withheld if the undersigned cannot be reached.

Signature: _____ Date: _____