

CHATHAM YACHT CLUB - 2016 SAILING SCHOOL MEDICAL FORM

In order to best manage any medical emergency that may occur during Sailing School, it is important that the staff be aware of all important or special medical conditions of the students. Please complete the form below and return it with your Membership & Sailing School Registrations and Volunteer Form.

PERSONAL INFORMATION

Student Name: _____ Student Birthdate: _____

Student Summer Address: _____ Phone: _____

Parent/Guardian Name: _____ Parent/Guardian Cell Phone: _____

If the person named above is not available in the event of an emergency, please notify:

Name _____ Relationship _____ Phone _____

Primary Care Physician Name: _____ Phone: _____

Health Insurance Carrier _____ Policy No. _____

MEDICAL INFORMATION

Does the student have any of the following medical conditions? _____ NO _____ YES

If "Yes", please check::

____ Epilepsy

____ Fainting Spells

____ Disability/Chronic Condition

____ Cardiac Arrhythmia/Abnormality

____ Asthma

____ Bleeding Tendency

____ Hyperventilation Spells

____ Behavior Problems

____ Diabetes

____ Eczema

Does the student have any allergies? _____ NO _____ YES

If "Yes", please explain:

Food Allergies (list): _____

Drug Allergies (list): _____

Bee Sting Allergy (describe): _____

Other Allergies (list): _____

Does the student take any medications? _____ NO _____ YES

If "Yes", please list:

SWIMMING ABILITY

How would you rate your child's swimming ability? Please circle:

Confident

Adequate

Fair

Poor

If you have any concerns about your child's medical or physical condition, please explain your child's needs on the back of this form. The staff at CYC will not give any medication to the student or treat food or bee stings if allergic reactions take place other than as permitted above. Minor cuts and scrapes will be bandaged. In the case of emergency the staff is trained in CPR and Red Cross First Aid and will call rescue. Parents will be contacted as soon as possible. Any other mishaps will be reported to the parents at the end of the class and treatment will be at the discretion of the family.

Each student **must** wear a U.S. Coast Guard approved life jacket and appropriate footwear whenever on the water or on the dock. A swim test will be given annually.

Parent Release: I am aware of the risks involved in sailing and release CYC from liability in relation to the Sailing School Program.

Parent Signature: _____ Date: _____ Relationship: _____

Please provide a copy of this form for EACH student in your family.