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I-LYA Junior Sailing 2018 EMERGENCY MEDICAL AUTHORIZATION FORM

This form enables parents/guardians to authorize emergency treatment for children who become ill or injured while participating in I-LYA Junior sailing instruction programs and camps, junior sailing regattas, Junior Bay, and Traveler Series events. *PLEASE COMPLETE EITHER PART I or PART II of this form.*

Participant's Name					Grade (2017/18)			
Date of Birth	Age	Male	Female	Home C	Club			
Address					Phone			
City, State and Zip								
	• .	• •		•	II be made to contact the parents or er to the nearest hospital if necessary.			
(Parent or Guardian Name)		(Relationship)		(Cell Phone)				
(Parent or Guardian Name)			(Relationship)		(Cell Phone)			
(Additional Contact)			(Relati	ionship)	(Cell Phone)			
MEDICAL INFORMATION	<u>ON</u>							
Child's Physician					Phone			
Allergies								
Current Medications _								
Ongoing Medical Cond	litions or Physical	Impairments _						
			Date of last Tetanus shot					
				vent that your	child is taken to the hospital for treatment)			
	oup Policy # Plan #							
PART I - CONSENT								
I do hereby give my co	onsent for emerge	ency medical t	reatment of my	child in the	event of accident, illness, or injury.			
(Parent/Guardian Signature)				(Date)				
PART II - REFUSAL TO CON I do not give my consent fo to take no action or to:				r injury requiri	ing emergency treatment, I wish the instructor			
Parent Signature			Date					