Santa Cruz Yacht Club
Junior Sailing Program
244 Fourth Av
Santa Cruz, CA 95062
telephone: 831-425-0690
fax: 831-425-7032

EMERGENCY HEALTH INFORMATION
AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR

_____ _____
CHILD'S FULL LEGAL NAME (PRINT) ***(NICK NAME)*** *BIRTHDATE*

EMERGENCY CONTACT PHONE NUMBERS:

_____ _____ _____
PARENT(S)/GUARDIAN (NAME) *HOME* *CELL*

_____ _____ _____
PARENT(S)/GUARDIAN (NAME) *HOME* *CELL*

Does your child have any health issues requiring special emergency procedures?

_____

Regular Medication? _____

Food Allergies? _____

Insect Sting Allergies? _____

Allergic reactions to Medication? _____

Religious objections to medical treatment? _____

Has your child had a previous concussion? Y / N If so, severity/date? _____

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Private health insurance? (Yes or No) Subscriber name: _____

Company: _____ Group or ID number: _____

I/We the undersigned, parent(s)/guardian of _____ , a minor, do hereby authorize Santa Cruz Yacht Club and/or _____ as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment or hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any accredited hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required and is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable.

This authorization shall remain effective unless sooner revoked in writing delivered to said agent(s).

_____ _____
Parent / Guardian Signature Date