

**Hull Yacht Club Junior Sailing Emergency Medical Form**

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

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Summer Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

DOB \_\_\_\_\_ Age as of 5/28/07 \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_

Mother's Name \_\_\_\_\_

Mother's phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (cell) \_\_\_\_\_

Father's Name \_\_\_\_\_

Father's phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (cell) \_\_\_\_\_

Other phone number for emergency use \_\_\_\_\_

Alternative person to call in an emergency \_\_\_\_\_

Alternative phone number \_\_\_\_\_

Physician's name \_\_\_\_\_ Phone \_\_\_\_\_

Dentist's name \_\_\_\_\_ Phone \_\_\_\_\_

Any health problems/learning differences we should be aware of?

\_\_\_\_\_  
\_\_\_\_\_

Is your child taking any medications? Please specify \_\_\_\_\_

Any allergies? \_\_\_\_\_

Health Insurance \_\_\_\_\_

Health Insurance # \_\_\_\_\_

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