Hyannis Yacht Club
Personal Health and Medical Form

Name_____ Date of Birth _____ Age_____ Sex_____

Name of parent/guardian_____ Phone_____

Home address_____ Town/City_____ State_____

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

Name_____ Relationship_____ Phone_____

Name_____ Relationship_____ Phone_____

In the case of emergency, I understand every effort will be made to contact me. In the event, I cannot be reached, I hereby give my permission to the physician selected to secure the proper medical treatment which may include hospitalization, anesthesia, surgery or injection of medication for my son/daughter.

Date_____ Signature of parent/guardian_____

Medical information past and present:

Asthma Heart Conditions Diabetes

Other (list and describe below) _____

_____

Allergies:

Food Medicine Insect Bites

Others not listed: _____

Vaccinations up to date: Yes No Covid vaccine: Yes No

Any special equipment such as orthopedic or handicap devices, glasses or contacts, dentures?

_____

Any educational needs that will aid us in teaching your child?

_____