MEDICAL RESPONSE INFORMATION

Minor's Full Name:_____ _____

Date of birth: _____

Home address:_____

People to contact in case of an emergency:

Father's Telephone: Home_____ Office _____ Cell _____

Mother's Telephone: Home_____ Office_____ Cell _____

Other Telephone: Home_____ Office_____Beeper_____

Family Doctor:

Name:_____ Tele phone: _____

Name of Insurance Company: _____

Policy Number: _____ _____

Medical Information:

Allergies: _____ _____

Medical Conditions: _____

_____

_____

Regularly Taken Medications: _____ _____

Please return to Tammany Yacht Club

AUTHORIZATION AND CONSENT TO TREATMENT OF A MINOR

I, the undersigned Parent/Guardian (circle one) of_____(minor's full name), hereby consent to any Medical and/or Surgical treatment, Diagnosis, Anesthesia and Hospital Care, which is deemed advisable by, and is to be rendered under the general and special supervision of, any Physician Licensed under the provisions of the law of the State in which the said Physician Practices. It is understood that this authorization and consent is given in advance of any specific diagnosis or need for treatment, facilities in advance in the event that any such Medical and/or Surgical treatment, Diagnosis, Anesthesia or hospital care deemed necessary by the above described physician. I am aware that Hospital procedures, as well as the practice of medicine, are not an exact science; and I acknowledge that there is no guarantee expressed or implied as to the results of such diagnosis, examination or other procedures carried on by any such Physician and/or Hospital.
I acknowledge that the efforts of Tammany Yacht Club, and those acting on its behalf, in connection with any such medical situation, do not constitute an acceptance or acknowledgement by Tammany Yacht Club, or any such individual acting on its behalf, or responsibility for the medical situation involved, the results of any such treatment or care, or financial responsibility for such treatment or care.

_____ _____ _____

DATE SIGNATURE

_____

NAME PRINTED