

CHILD'S NAME \_\_\_\_\_

**NCYC SAIL CAMP**

**2021 EMERGENCY MEDICAL AUTHORIZATION FORM**

This form enables parents/guardians to authorize emergency treatment for children who become ill or injured while participating in sail camp instruction programs. **PLEASE COMPLETE EITHER PART I or PART II of this form.**

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Address \_\_\_\_\_

City, State and Zip \_\_\_\_\_

Phone \_\_\_\_\_

**In the event of an emergency involving a participant all reasonable attempts will be made to contact the parents or guardians listed below.**

**Emergency medical personnel will be notified for transfer to the nearest hospital if necessary.**

(Parent or Guardian Name) \_\_\_\_\_ (Relationship) \_\_\_\_\_ (Cell Phone) \_\_\_\_\_

(Parent or Guardian Name) \_\_\_\_\_ (Relationship) \_\_\_\_\_ (Cell Phone) \_\_\_\_\_

(Additional Contact) \_\_\_\_\_ (Relationship) \_\_\_\_\_ (Cell Phone) \_\_\_\_\_

**MEDICAL INFORMATION**

Child's Physician \_\_\_\_\_

Phone \_\_\_\_\_

Allergies \_\_\_\_\_

Current Medications \_\_\_\_\_

Ongoing Medical Conditions or Physical Impairments \_\_\_\_\_

**MEDICAL INSURANCE INFORMATION** Optional – this may assist staff in the event that your child is taken to the hospital for treatment

Insurance Carrier \_\_\_\_\_

Group Policy # \_\_\_\_\_ Plan # \_\_\_\_\_

**PART I - CONSENT**

***I do hereby give my consent for emergency medical treatment of my child in the event of accident, illness or injury.***

(Parent/Guardian Signature) \_\_\_\_\_ (Date) \_\_\_\_\_

**PART II - REFUSAL TO CONSENT** (Do not complete if you completed Part I)

***I do not give my consent for medical treatment of my child. In the event of illness or injury requiring emergency treatment,***

***I wish the instructor to take no action or to:*** \_\_\_\_\_

(Parent/Guardian Signature) \_\_\_\_\_ (Date) \_\_\_\_\_