



Come Boating!

Medical and Emergency Information – Under 18 years

Name _____ Birth date _____ Local phone _____

Local Mailing Address: _____ Town: _____ Zip: _____

Permanent Address (if diff.): _____ Town: _____ ST: _____ Zip: _____

Parent/Guardian Emergency Contacts (list in order of priority to call)

	<u>Name</u>	<u>Home phone</u>	<u>Work phone</u>	<u>Cell phone</u>	<u>Relationship</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

Does your child have any physical limitations, including eye glasses or hearing aides, that might prevent him/her from fully participating in the program?

___ NO ___ Yes (Please specify): _____

Current medications: _____ Last tetanus shot: _____

Physician's name: _____ Phone: _____

Office address: _____

Please provide information on all that apply:

Chronic Ailments:

Asthma/other respiratory problems: _____

Circulatory or heart problems: _____

Diabetes or Hypoglycemia: _____

Epilepsy: _____

Hemophilia, other bleeding problems: _____

Allergies:

Bee stings: _____

Insect bites: _____

Foods: _____

Medications: _____

Other: _____

I, the undersigned, do hereby authorize and consent if my child has a medical emergency, **when I cannot be reached**, to any x-ray examination, anesthetic, medical or surgical diagnosis or procedure rendered under the general or specific supervision of any member of the medical staff or of a dentist licensed under the provision of the Education Law and/or Public Health Law of the State of Maine and on the staff of any hospital holding a current certificate issued by the Department of Health of the State of Maine. It is understood that this authorization is given to provide authority and power to render care to my child which the aforementioned physician in the exercise of his/her best judgment may deem advisable. It is understood that effort shall be made to contact the above people prior to rendering treatment to my child, but that any of the above treatment will not be withheld if any of these people cannot be reached.

Signature _____ (Please print): _____

Relationship: _____ Date: _____