

2005 COTTAGE PARK YACHT CLUB EMERGENCY MEDICAL FORM

First name _____ Last name _____

Street address _____

City _____ State _____ Zip _____ Age as of 6/15/05 _____

Mother's name _____

Mother's Phone (H) _____ (W) _____

Father's name _____

Father's phone (H) _____ (W) _____

Other phone number for emergency use (e.g. cell phone) _____

Alternate person to call in an emergency _____

Alternate phone number _____

Physician's name _____ Phone _____

Dentist's name _____ Phone _____

Any health problems/learning disabilities we should be aware of? _____

Is your child taking any medications? Please specify _____

Any allergies? _____

Health insurance _____

Insurance medical # _____

I understand that a reasonable attempt will be made to contact me should an emergency arise, but in the event that Cottage Park Yacht Club is unable to reach any of the names listed above, I give permission to transport my child to the nearest source of emergency care, in order that necessary medical treatment not be delayed.

Parent's/Guardian's Name (Please print) _____

Parent's/Guardian's Signature _____

Date _____