



## Medical Information

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Health Insurance Company

\_\_\_\_\_  
Health Insurance Number

\_\_\_\_\_  
Health Insurance Phone Number

\_\_\_\_\_  
Physician's Name

\_\_\_\_\_  
Physician Telephone Number

\_\_\_\_\_  
Preferred Hospital

\_\_\_\_\_  
Date of Last Tetanus Shot

My child is up to date on all recommended vaccines: Y / N

My child is able to swim: Y / N

Please list any allergies (include allergies to medications): \_\_\_\_\_

Please list any medications that your child is currently taking and reason for medication:

\_\_\_\_\_  
\_\_\_\_\_

Sailing requires the ability to concentrate and follow directions. If your child has ADD or other attention difficulties, we do not recommend they be enrolled. We do not have a nurse on staff and cannot administer any medication. If your child requires any medication to be taken during the day, the child must be able to administer their medication independently, or a parent must come to the site to administer the medication.

Do you know of any medical condition that could compromise your child's ability to participate in physical activities? Y / N

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

## Parental Consent Form

All information contained in this form is accurate to the best of my knowledge. I understand that classes are held rain or shine; however, the EAST Sailing Academy and the Croton Sailing School, Inc. reserve the right to alter typical class format to accommodate weather conditions. I give my permission for photographs of my child taken during participation in EAST Sailing Academy activities to be used in printed promotional materials or the Croton Sailing School/EAST Sailing Academy website.

I understand that sailing requires moderate physical activity in and around the water, and I do not have any knowledge of any medical condition that would restrict my child from participating in sailing. I hereby give permission, in case of injury, to take my child to a hospital for treatment, to include evaluation of injuries, x-rays and needed care.

I have read the above information and understand its provisions. I hereby waive, release and discharge the EAST Sailing Academy, Croton Sailing School, Inc., their employees and agents from my child's participation in sailing programs. I assume full responsibility for any risk or damage.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date