

**Medical Information:**

<b>Sailor's Name:</b>	<b>Health Insurance Company:</b>
<b>Health Insurance Number:</b>	<b>Health Insurance Phone Number:</b>
<b>Primary Doctor's Name:</b>	<b>Primary Doctor's Telephone:</b>
<b>Preferred Hospital:</b>	<b>Date of Last Tetanus Shot:</b>

My child is up to date on all recommended vaccines: **Yes/No**

My child is able to swim: **Yes/No**

My child has had a concussion in the past: **Yes/No If yes, when:** \_\_\_\_\_

My child has had the following allergies:

\_\_\_\_\_

Please list any medications your child is currently taking & 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 activity? **Yes/No**

**If yes, please explain:**

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