

IYC YOUTH SAILING HEALTH FORM

(Required for each registered sailor)

Child's Name: (printed) Last _____ First _____

Child's Birthdate: Month _____ Day _____ Year _____

Emergency Contact Information: (in case of illness or injury and parents are not available, IYC must have two emergency contact names other than parent/guardian in addition to the child's physician)

Name _____ Phone _____

Name _____ Phone _____

Doctor _____ Phone _____

Health Specifics: (please initial in the yes or no box)

_____ Yes _____ No Are there allergies? i.e. bee sting, peanut, lactose

_____ Yes _____ No Is there any special diet requirement?

_____ Yes _____ No Are there any hearing, visual or dental conditions requiring special attention?

_____ Yes _____ No Are there any medical, developmental, or emotional conditions requiring special attention?

If you have answered yes to any of the above, please specify:

Medications being taken:

Please list **ALL** medications (including over-the-counter or nonprescription drugs) taken routinely. Bring enough medication to last the entire time at the program. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of the administration.

This child takes **NO** medications on a routine basis _____ (parent/guardian initial)

OR

This child self-administers medications as follows: _____ (parent/guardian initial) A doctor's note will be required

(Must discuss with IYC Manager and Director of Youth Sailing PRIOR to leaving child at program). If necessary, attach additional pages for more medications.

Med#1 _____ Dosage/ Specific times taken each day _____

Reason for taking: _____

Please attach a copy of the most recent (within last 6 months) immunization record for your child.

Signature of Parent/Guardian: _____

Date: _____ / _____ / _____