

Emergency Medical Release Form

Hull Yacht Club Junior Sail Program

The purpose of this form is to give permission to the Hull YC Junior Sail program, any responding ambulance service, and South Shore Hospital to provide emergency treatment for your child in the event of an illness or an injury. In the event of a serious injury or illness, every attempt will be made to contact the legal guardian listed below at the phone number listed. Emergency treatment however, will not be delayed while trying to make this contact.

(We) (I) Hereby grant permission to the Hull Yacht Club Junior Sail Program instructors and staff to secure Emergency Medical Care as

Name: _____

Address: _____

City, State, Zip: _____

may require, for the duration of the Junior Sailing programs the minor is enrolled in.

List current medications, allergies and conditions:

Allergies: _____

Medications being taken: _____

I have read and understand the information on the emergency medical form. All the information I have provided is true and accurate.

Signature of parent or legal guardian

Print name and relationship

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Other: _____