

**Surf City Yacht Club**  
**Junior Commodore Regatta**  
**Junior Sailor Medical Release and Consent for Emergency Medical Treatment**

Junior Sailor's Name:					
Street Address:					
City:		State:		Zip code:	
Junior Sailor's Physician Name:					
Physician's Address:					
Physician's Phone:					
Health Plan/Insurance Co:					
Policy Number:					
Named Insured:					
Does the Junior Sailor have any special dietary needs? If so, explain. Does the Junior Sailor have any allergies to bee stings, food, etc? / If so explain					
Will the Junior Sailor have any special medical needs or does he/she require medicine during the regatta (allergy medicine, insulin, etc.). If so, explain.					
Has the Junior Sailor ever been treated for:					
	Allergies	Any vision or hearing problems	Asthma		Heart Disease
	Epilepsy	Does he/she wear contacts	Diabetes		
Date of last Tetanus injection:				List blood type:	

I, the undersigned, as the parent/guardian of the above named Junior Sailor, do hereby authorize and consent to any X-Ray examination, anesthetic, medical, or surgical diagnosis procedure rendered under the general or specific supervision of any member of the medical staff or of the dentist licensed under the provision of the law of the state of New Jersey and on the staff of any hospital holding a current operating certificate issued by the department of health of the state of New Jersey. It is understood that this authorization is given in advance to any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. It is understood that the effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Phone #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_