

**KSEA SAILING SCHOOL EMERGENCY MEDICAL FORM**

**SUMMER 2008**

Instructions: Please fill out and sign one Emergency Medical Form for each child and return with other registration forms to KSEA Sailing School, P.O. Box 473, Blue Hill, ME 04614.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Summer Address \_\_\_\_\_

(please underline the parent to contact first and the first phone number to call)

Mother's Name \_\_\_\_\_

Mother's Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ Cell \_\_\_\_\_

Father's Name \_\_\_\_\_

Father's Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ Cell \_\_\_\_\_

First Alternate Contact \_\_\_\_\_ Ph \_\_\_\_\_

Second Alternate Contact \_\_\_\_\_ Ph \_\_\_\_\_

Local Physician's Name \_\_\_\_\_ Ph \_\_\_\_\_

Local Dentist's Name \_\_\_\_\_ Ph \_\_\_\_\_

Health Insurance \_\_\_\_\_ ID# \_\_\_\_\_

Can your child swim?    Yes                      No

Please list any allergies:

Please list any medications your child is taking:

Please list any other health problems we should be aware of:

**This form is required so your child can receive emergency medical treatment in the event that you cannot be reached; it will remain in effect until September 30 of the year it is signed. Whenever this consent refers to KSEA, it is referring both to Kollegewidgwok Sailing and Education Association and to the Kollegewidgwok Yacht Club, and each of their respective directors, officers, employees, volunteers and agents in both their individual and corporate capacity.**

**CONSENT**

I am the parent or legal guardian of *(name of child)* \_\_\_\_\_. In the event of an accident, injury or illness, I hereby authorize staff or representatives of KSEA to transport my child to a medical facility and/or to seek emergency medical treatment for my child as determined by a licensed health professional or emergency care worker. I understand that this consent is being given in advance of any specific event which may require emergency medical care, and is given so that such authorized representatives of KSEA can seek emergency medical care, and so that a health professional or facility may rely on this authorization. I will hold harmless, and agree not to sue, any health professional, health facility and/or KSEA for actions taken pursuant to this authorization.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Printed name of parent or guardian

