



MEDICAL FORM

Student Name: _____

Address (summer): _____

Daytime Phone: _____

Emergency Contact

Name of Contact: _____

Phone: _____ Cell Phone: _____

Who do you wish to contact first in case of emergency: _____

List any factors that are pertinent to emergency medical treatment:

Allergies _____

Date of last tetanus shot: _____

Current medications: _____

Does the student have any of the following medical conditions?

ADHD: _____ Epilepsy: _____

ADD: _____ History of Seizures _____

Diabetes: _____ Heart condition: _____

Asthma: _____ Blood disorders: _____

Chronic Ailments: _____ If so please give blood type: _____

Chronic Bronchitis: _____ Other: _____

Are there any limitations which may prevent full participation in this course?

Physical: _____

Mental: _____

Doctor/Transport Preference

Name of Doctor and Phone Number: _____

Insurance Carrier: _____

Insurance Number: _____

Preferred hospital (Mercy Walworth or Lakeland Medical Center): _____

Parent/Guardian Medical Treatment Authorization:

In the event of an emergency, I authorize Delavan Lake Sailing School officials or their employees to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for the participant named above, for immediate care and agree that I will be responsible for payment of any and all medical services required.

Signature (parent/guardian): _____ Date: _____