

IYC YOUTH SAILING HEALTH FORM

(Required for each registered sailor)

Child's name: LAST _____ FIRST _____ AGE _____

Emergency Information: (in case of illness or injury and parents are not available, IYC must have two emergency contact names)

Name _____ Phone _____

Name _____ Phone _____

Doctor _____ Phone _____

Health Specifics:

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Are there allergies? i.e. bee sting, peanut, lactose |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Is a special diet required? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Are there any hearing, visual or dental conditions requiring special attention? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Are there any medical or developmental 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 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.

OR

This child self-administers medications as follows: A doctor's note will be required

(Must discuss with IYC Manager and Youth Director 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:

Med#2 _____ Dosage Specific times taken each day _____

Reason for taking:

Please attach a copy of the most recent immunization record for your child, dated _____

Signature of Parent/Guardian: _____ Date: _____