

# IHYC JUNIOR SAILING 2020 Medical Consent Form



**This form is required for registration (1 per sailor)**

Name of Child : \_\_\_\_\_

Birth Date : \_\_\_\_\_ Age: \_\_\_\_\_

Health Insurance : \_\_\_\_\_ ID: \_\_\_\_\_

I, the undersigned parent/guardian of \_\_\_\_\_, hereby agree that in the event an accident or injury occurs to said child while participating the Island Heights Yacht Club (IHYC) Junior Sailing Program, that:

Such child may obtain medical care and treatment from any hospital, physician or licensed medical practitioner under the direction of a physician, as such physician or physicians may deem advisable under the circumstances;

IHYC, in the discretion of its Officers, Governors, employees or responsible volunteers or Club members on the scene, may consent on our behalf to the furnishing of such medical care and treatment as recommended by the hospital or physician;

We will pay reasonable costs of such medical care or treatment, and we will indemnify and hold harmless IHYC, its Officers, Governors, employees, members and volunteers, of and from any liability for such cost.

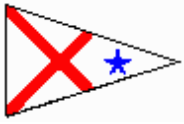
We understand that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power to render care as said hospital or physician finds advisable under the circumstances.

We understand that every reasonable effort will be made to contact us prior to the provision of medical care and treatment of our child, but the treatment will not be withheld if we cannot be reached.

\_\_\_\_\_  
Signature of Parent/Guardian \_\_\_\_\_  
Date

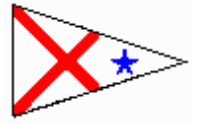
\_\_\_\_\_  
Printed Name of Parent/Guardian \_\_\_\_\_  
Mobile Phone Number

\_\_\_\_\_  
Printed Name of Parent/Guardian \_\_\_\_\_  
Mobile Phone Number



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*Please provide any allergies, medications or considerations:*