GREAT OAKS REGATTA
November 13-16, 2009
SOUTHERN YACHT CLUB
NEW ORLEANS, LA

MEDICAL RELEASE & EMERGENCY INFORMATION

SAILOR'S NAME: _____SEX ___ (M) ___ (F)

ADDRESS: _____

PHONE: _____(HM) _____(CELL) DOB:_____

List all chronic ailments and allergies: _____

_____

_____

List all current medications: _____

_____

_____

Date of last tetanus shot: _____ Blood Type: _____

Physician who conducted most recent physical examination:

_____

Physician's Name phone number date of last exam

_____

Health Insurance Carrier phone number insurance ID number

I, the undersigned, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis or procedure rendered under the general or specific supervision of any member of the medical staff or of a dentist licensed under the provisions of the state of Education Law and/or Public Health Law of the State and on the staff of any hospital holding a current operating certificate issued by the State Department of Health. It is understood 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 which the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that 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.

IN CASE OF EMERGENCY CALL:

_____

NAME RELATIONSHIP PHONE NUMBER

_____

PARENT/GUARDIAN SIGNATURE DATE