

Skaneateles Country Club Sail School 2009
PO Box 29
Skaneateles, NY 13152
315-685-5759



Medical Information and Authorization

To ensure the safety of your children when involved in the Skaneateles Country Club Sail School each parent/guardian must fill out this form for each registered child. This form will be filed in the SCC Sail School office, located in the Foc'sle, as well as in the club main office. This form will accompany any child while participating in any Sail School activity off the club grounds, i.e. racing class students.

Medical Information:

- Student's Name _____
- Allergies: _____
- Type of reaction: _____
- Treatment Required: _____
- Special Needs/conditions: _____
- Family Physician: _____ Phone: _____
- Emergency Contact _____ Relationship: _____
- Phone: Home: _____ Work: _____ Cell/Pager: _____
- Health Insurance Carrier: _____
ID # _____ Group # _____

Medical Authorization:

The undersigned parent/guardian of _____ a minor, does hereby authorize the SCC Sail School Staff to act in my absence to authorize or consent to any emergency X-ray, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any physician or surgeon licensed under the provision of the Medical Practice Act. It is understood this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician, in the exercise of his best judgement, may deem advisable; and neither said agent or any organization involved assumes any financial responsibility for exercising this action.

This authorization shall remain effective until revoked, in writing.

Signature: Parent/Guardian _____ Date: _____

Address: _____

Phone: Home: _____ Work: _____ Cell/Pager: _____