



**EMERGENCY CONTACT NUMBERS
AND
MEDICAL INFORMATION AND CONSENT**

Please complete a separate form for each sailor

Sailor's Name: _____

Please provide contact details for people who we should contact in the event of an emergency.

First Contact Details:

Name and relationship to sailor _____

Mobile: _____ Email: _____

Second Contact Details:

Name and relationship to sailor _____

Mobile: _____ Email: _____

Third Contact Details:

Name and relationship to sailor _____

Mobile: _____ Email: _____

Doctor's Name: _____

Mobilie: _____ Landline: _____

Allergies:

Has your child any allergies to penicillin or any other medication? YES/NO

Outline:

Has your child any general allergies? YES/NO

Outline:

Is your child using any medication that we should be aware of? YES/NO

Please state if your child has any health condition, injury, has any particular or special needs that we should be aware of in general for instructional, reading, comprehension and concentration purposes or in the event of an accident or injury. Please be assured this information is maintained in the strictest confidence, and is shared only with the S.I. and the instructor who is teaching your child.