

Henderson Harbor Water Sports Programs

MEDICAL FORM & RELEASE

Student Name _____

Date of Birth _____ Sex _____ Height _____ Weight _____

Please list any past medical problems and learning disabilities. Use additional paper if needed

Surgical history _____

Allergies: Medications _____

Food Allergies _____

Other Allergies (including Bees, Wasps) _____

Current Medication Taken _____

If student requires medication, it must be in a ziplock bag, labeled with student name, doctor name and doctor phone number.

Date of Last Tetanus shot _____

Physician's Name _____ Physician's phone _____

Attach recent physical examination (within 24 months of program start date).

HEALTH INSURANCE INFORMATION

Carrier Name: _____ Policy Number: _____

Policy Holder Name: _____ Relation to Carrier: _____

Policy Holder Date of Birth: _____

I hereby certify that my child is in good health and fully able to participate in all activities and that I know of no restrictions, physical impairments, or any other facts, which in any manner limit his/her participation in HHWSP programs.

Emergency Contacts (at least one should be local):

Parent/Guardian Relationship Phone

Parent/Guardian Relationship Phone

Other Contact Relationship Phone

Please complete reverse side of this form.

Other Contact Relationship Phone

I, _____, (Parent/Guardian) authorize the program organizers or their employees to sanction emergency treatment if none of the student's emergency contacts or Parent/Guardians can be reached at the time of an emergency.

Parent/Guardian Signature Date