

**MEDICAL RELEASE & HEALTH BACKGROUND**  
**(Complete one per child)**

Date \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex Male \_\_\_\_\_ Female \_\_\_\_\_

*In Case of Emergency:* Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ (W) \_\_\_\_\_ (H) \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Subscriber's Name \_\_\_\_\_ SS# \_\_\_\_\_

If Military – Branch & Duty \_\_\_\_\_

I hereby authorize any duly authorized doctor, emergency medical technician, hospital, or other medical facility to treat the above named minor for the purpose of attempting to treat or relieve any injuries by said minor while he/she was a participant or observer at an event at St. Mary's College of Maryland and/or Sailing Center Chesapeake.

I authorize any licensed physician to perform a procedure which he deems advisable in attempting to treat or relieve any injuries or any related unhealthy conditions of said minor that he may encounter during any necessary operation.

I consent to the administration of anesthesia as deemed advisable by any licensed physician. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment and I assume any such risk on behalf of myself and said minor. I acknowledge that no warranty is being made as to the results of any treatment.

\_\_\_\_\_ Date \_\_\_\_\_

(I have read this release – Sign here)

Relationship to Minor \_\_\_\_\_

Are all required school immunizations current? \_\_\_\_\_

Please list any underling medical conditions (allergies, asthma, etc.), current medications, and physical limitations or restrictions.

\_\_\_\_\_

\_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_