Charlotte Harbor Community Sailing Center Inc.
Medical Information

Name_____ Birth Date _____Sex____

Do you have a history of, or do you currently have, any physical limitations that might prevent you from fully participating in the center's activities? ____Yes ____No If yes, please specify missing or injured bodily parts, weakness, eyeglasses, contacts, hearing aids, Etc. _____
_____

Do you have any learning disability that might prevent you from fully participating in these activities? Yes ____ No ____ If yes what. _____

Please check () those that apply and provide necessary information on back of form.

Ailments

Asthma, or other respiratory problems	( )
Circulatory or heart problems	( )
Diabetes or hypoglycemia	( )
Epilepsy	( )
Hemophilia, or other bleeding problems	( )

Allergies:

Insect bites	( )
Bee stings	( )
Foods	( )
Drugs	( )
Others	( )

Current Medications: _____

Blood type _____ Date of last Tetanus shot _____

Family Physician _____ Phone #_____

Where are your medical records kept? _____

Insurance Carrier _____ID # _____

CONTACT: _____

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 Public Health Law of the State of Florida and on the staff of any hospital holding a current operating certificate issued by the Department of Health of the State of Florida. 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/her best judgment may deem advisable. It is understood that effort shall be made to contact the above people prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if any of these people cannot be reached.

Signature _____ Date_____

Applicant, or Parent/Guardian (if a minor)