

Emergency Information Card

Monterey Peninsula Yacht Club Junior Sailing Team

Child's Name _____ Date of birth _____

Address _____

City _____ State _____ Zip _____

Phone: Day _____ Evening _____

First emergency contact:

Title (mother/father/guardian, etc.) _____

Name _____

Primary Contact Phone: _____ Secondary Contact Phone: _____
Call this number first Call this number next

Second emergency contact:

Title (mother/father/guardian, etc.) _____

Name _____

Primary Contact Phone: _____ Secondary Contact Phone: _____
Call this number first Call this number next

Other contact in case of emergency:

Name _____

Relationship to child: _____

Primary Contact Phone: _____ Secondary Contact Phone: _____
Call this number first Call this number next

Any known allergies? Yes _____ No _____ if yes please list:

Specific Health Information/Special Conditions/Special Needs:

Is student covered by Insurance? Yes _____ No _____ List coverage:

In the event of an emergency, and we as parents or guardians cannot be reached, the members of the Monterey Peninsula Yacht club are hereby authorized to seek emergency medical attention for the above named child. Permission is hereby given to any Doctor for medicine and /or ambulance service to render such medical or surgical care as medically necessary. It is understood that I/we shall be financially responsible for any such medical services rendered.

Signature of Parent or Guardian: _____ Date: _____

Any additional notes as needed: