

Emergency Information Card
Monterey Peninsula Yacht Club
Junior Sailing Program

Name _____ Birthday _____

Address _____

City _____ State _____ Zip _____

Phone: Day _____ Evening _____

Father (Or Guardian): Name _____

Work Phone: _____ Cell Phone: _____

Mother (Or Guardian): Name _____

Work Phone _____ Cell Phone: _____

Other contact in case of emergency:

Name _____

Work Phone _____ Cell Phone: _____

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

Is student covered by Insurance? Yes _____ No _____ List coverage (include group and policy number as appropriate)

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: _____

Please provide any additional notes or health information as needed on reverse