

**LEITER CLINIC – APRIL, 2015  
SOUTHERN YACHT CLUB  
NEW ORLEANS, LOUISIANA**

**MEDICAL RELEASE & EMERGENCY INFORMATION**

**SAILOR'S NAME** \_\_\_\_\_ **SEX** \_\_\_(M)\_\_\_(F)

**ADDRESS** \_\_\_\_\_

**TELEPHONE** \_\_\_\_\_ **(HM)** \_\_\_\_\_ **(WK)** **DOB** \_\_\_\_\_

**List all chronic ailments and allergies:** \_\_\_\_\_

\_\_\_\_\_

**List all current medications:** \_\_\_\_\_

\_\_\_\_\_

**Date of last tetanus shot:** \_\_\_\_\_ **Blood type:** \_\_\_\_\_

**Physician who conducted most recent physical examination:**

Physician's name	phone number	date of last exam
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Health Insurance Carrier	phone number	insurance ID number
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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 State of Education Law and/or Public Health Law of the State and on the staff of any hospital holding a current operating certificate issued by the State Department of Health. 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 best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

**IN CASE OF EMERGENCY CALL:**

NAME	RELATIONSHIP	PHONE NUMBER
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<b>PARENT/GUARDIAN SIGNATURE:</b>	<b>DATE</b>
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