

## THE ALLSTATE SUGAR BOWL HIGH SCHOOL REGATTA

## MEDICAL RELEASE & EMERGENCY INFORMATION

SAILOR'S NAME:		SEX (M) (F)
ADDRESS:		
PHONE (HM)	(CELL)	
DOB:		
List all chronic ailments and all	lergies:	
List all current medications:		
Date of last tetanus shot:	Blood T	Гуре
Physician who conducted most	recent physical examination:	
Physician's Name	phone number	date of last exam
Health Insurance Carrier	phone number	insurance ID number
or surgical diagnosis or procedomember of the medical staff or Law and/or Public Health Law operating certificate issued by the authorization is given in advance required but is given to provide physician in the exercise of his shall be made to contact the uncontact the uncontact of the staff of the sta	of a dentist licensed under the proof of the State and on the staff of at the State Department of Health. The of any specific diagnosis, treate authority and power to render countries best judgment may deem advisage.	rovisions of the state of Education ny hospital holding a current It is understood that this tment or hospital care being are which the aforementioned able. It is understood that effort tment to the patient, but that any of
IN CASE OF EMERGENCY O	CALL:	
Name	Relationship	Phone Number
Parent/Guardian Signature		Date