THE ALLSTATE SUGAR BOWL GREAT OAKS REGATTA

SOUTHERN YACHT CLUB NEW ORLEANS, LA

MEDICAL RELEASE & EMERGENCY INFORMATION

SAILOR'S NAME:		SEX: (M) (F)
ADDRESS:		
PHONE (HOME):	(CELL):	DOB:
List all chronic ailments and allergi	es:	
List all current medications:		
	Blood Type:	
Physician who conducted most red	cent physical examination:	
Physician's Name	phone number	date of last exam
Health Insurance Carrier	phone number	insurance ID number
diagnosis or procedure rendered used a dentist licensed under the provision the staff of any hospital holding a counderstood that this authorization required but is given to provide authorizes of his best judgment may	ions of the state of Education Law and/ current operating certificate issued by the second given in advance of any specific diage thority and power to render care which of deem advisable. It is understood that	n of any member of the medical staff or of for Public Health Law of the State and on the State Department of Health. It is nosis, treatment or hospital care being the aforementioned physician in the
IN CASE OF EMERGENCY CALL	:	
NAME	RELATIONSHIP	PHONE NUMBER
PARENT/GUARDIAN SIGNATURE		DATE