Medical Release

(Session 6 2019)

Authorization for Emergency Medical Treatment

Let it be known that I, _____ am a legal resident of _____now residing at _____am the lawful parent/guardian and have full custody of _____.

That I have made, constituted, and appointed, and by these presents do make, constitute and appoint officers, directors, agents, servants and employees of The Seaford Yacht Club, Inc. to act for me and in my name place, and stead to perform and all acts hereinafter set down, as fully to all intents and purposes as I might or could if personally present, with full power of substitution and revocation hereby ratifying and confirming all the sail personnel shall do or cause to be done by virtue of this power, to wit:

I AUTHORIZE ANY AND ALL MEDICAL AND HOSPITAL CARE AND TREATMENT, INCLUDING MAJOR SURGERY, DEEMED NECESSARY BY A DULY LICENSED PHYSICIAN OR DULY LICENSED STAFF PHYSICIAN AT ANY MEDICAL FACILITY WHICH IS NECESSARY FOR THE HEALTH AND WELL-BEING OF MY CHILD NAMED HEREIN.

The terms of this appointment becomes null and void after August 9, 2019.

In witness whereof, I have heron set my hand and seal this (day) _____of (month) _____, (year.)

_____ _____

(Signature of Parent/Guardian) (Signature of Parent/Guardian)

Child's medical information or history (such as allergies, medicines, etc._____
_____
_____

Child's medical doctor: _____Doctor's phone number:_____
Doctor's address_____

IN CASE YOU CANNOT BE REACHED, PLEASE PROVIDE A BACK-UP NAME AND PHONE NUMBER TO BE USED IN CASE OF AN EMERGENCY:

Name_____Phone Number_____