Lake Sunapee Yacht Club
Health Information (one form per child)

Child's Name: _____ Date of Birth: _____ Membership #:_____
Last First MI

Address:_____ City:_____ State:_____ Zip:_____

In case of Emergency notify:

Mother:_____ Father:_____
Home Phone:_____ Home Phone:_____
Work Phone:_____ Work Phone:_____
Cell Phone:_____ Cell Phone:_____

If parents cannot be reached, notify:

Name:_____ Phone_____
Name:_____ Phone:_____

Other Emergency Instructions:_____

Allergies:

Foods:_____

Bee Stings:_____ **Insect bites**:_____ **Other**:_____

Current Medication & Dosage:_____

Physician's Name:_____ Phone:_____
Address:_____

Health History

Does your child presently have or has he/she ever had any of the following? (Y/N)

Asthma	_____	Impaired Hearing	_____	Impaired Eyesight	_____
Convulsions	_____	Restrictions to any activities	_____	Fainting Spells	_____
Diabetes	_____	Reactions to any medications	_____	Heart Trouble	_____

If yes to any of the above, please explain:_____

Any condition requiring regular medical attention or medication:_____

Has your child been hospitalized during the last 3 years? (If yes, please explain)_____

Date of Immunizations:

Tetanus Toxoid	_____	Polio	_____	Measles	_____
Mumps	_____	German Measles	_____	Diptheria	_____