



Northern Lights Sailing Club

# NLSC Medical Information Form

## For Northern Lights Sailing Club Trips

- The personal data requested on this form will help us provide emergency medical personnel with vital information in the event it is necessary. It will be kept in a confidential, sealed envelope by the boat Skipper and returned to you at the end of the trip.
- If you wish to openly communicate any medical information prior to participating in a NLSC trip, we encourage you to speak with your boat Skipper and the Trip Chair.

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ - \_\_\_\_

Insurance Co. Name: \_\_\_\_\_ Policy # \_\_\_\_\_

In case of hospitalization Phone # (\_\_\_\_) \_\_\_\_ - \_\_\_\_

NLSC recommends that you bring your insurance card and other documentation with you on the trip.

Doctor's Name: \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Clinic: \_\_\_\_\_

Credit Card # (in case of medical emergency need): \_\_\_\_\_ Visa/MC/Other

Name on card: \_\_\_\_\_ Exp Date: \_\_\_\_\_

### In case of an emergency, please notify:

#### *Primary Emergency*

Contact Name: \_\_\_\_\_

Home Phone # (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Relationship: \_\_\_\_\_

Work Phone # (\_\_\_\_) \_\_\_\_ - \_\_\_\_

#### *Secondary Emergency*

Contact Name: \_\_\_\_\_

Home Phone # (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Relationship: \_\_\_\_\_

Work Phone # (\_\_\_\_) \_\_\_\_ - \_\_\_\_

**Allergies**

Please list all allergies to food, medication, insects, etc.

Nature/Severity/Treatment:

Are you allergic to bee stings?      Yes / No

If yes, how severe are your reactions?      \_\_\_\_\_

Do you carry an anaphylaxis kit?      Yes / No

**Medical Conditions/Concerns:**

Please note any medical conditions:

Recent illness?

Recent accidents, operations, hospitalizations?

Please list any medications you are taking. (why taken, dosage):

Do you wear prescription glasses or contacts (please circle applicable one)

Thank you for completing this valuable information.

NLSC Form: Med\_Info\_Form.xls