



LIDO ISLE YACHT CLUB

Latitude 33° 36' 34.5" N Longitude 117° 54' 50.8" W Established 1928

2020 MEDICAL RELEASE

SEND TO: Lido Isle Yacht Club | Attn: Brooke Sharp, Sailing Director | 701 Via Lido Soud, Newport Beach, CA 92663

I hereby certify that my child is in good health and can participate in the 2020 LIYC Jr. Sailing Program. I hereby give consent for Lido Isle Yacht Club (herein LIYC) to provide (Minor's Name) _____, a minor, with medical care and treatment and emergency medical services associated with participation in this activity and give my consent to LIYC and its representatives to obtain the following medical care: Any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and/or surgeon licensed under the provisions of the Medical Practices Act, California Business and Professions Code Section 2000 et seq.; or any x-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care to be rendered by a dentist licensed under the provisions of the Dental Practices Act, California Business and Professions Code Section 1600 et seq. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of the aforesaid agent(s) to give specific consent to any and all aforementioned physician in the exercise of his best judgment may deem advisable; and neither said agent or any organization involved assumes any financial responsibility for exercising this action. This authorization is given pursuant to the provisions of Sections 25.8 of the Civil Code of California. This authorization shall remain in effect from January 1 -December 31, 2020.

MEDICAL INFORMATION

Minor's Name: _____ Date of Birth: _____

Doctor Name: _____ Phone #: _____

Medical Plan Name: _____ Medical #: _____

Last Tetanus Shot: _____

Allergies (food or medication), or special instructions:

Accommodations or assistive devices needed: _____

Emergency Phone (with area code) (_____) _____

Emergency Phone (with area code) (_____) _____

MEDICAL RELEASE SIGNATURE

Minor's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____