

**2020 MEDICAL RELEASE**

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**

All parties to this document agree to conduct the transaction or release recited above by electronic means. Electronic signatures are agreed to and authorized and are intended to be equally enforceable as if the document was signed originally by hand.

Minor’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_