

**CLAGETT MEMORIAL REGATTA**



**CLASS** \_\_\_\_\_

**SAIL #** \_\_\_\_\_

**MEDICAL AND EMERGENCY INFORMATION**  
**(This information is only for use in an emergency situation)**

Name \_\_\_\_\_ M/F \_\_\_\_\_ Date of birth \_\_\_\_\_

Address \_\_\_\_\_

City/State/Country/Post Code \_\_\_\_\_

Name of person to contact in an emergency \_\_\_\_\_

Telephone number \_\_\_\_\_ E mail \_\_\_\_\_

Current medical condition(s) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Date of last Tetanus/Diphtheria dose \_\_\_\_\_

Medications currently used & dose \_\_\_\_\_

\_\_\_\_\_

Allergies \_\_\_\_\_

\_\_\_\_\_ Auto epinephrine injector recommended? YES / NO

Do you have any special medical conditions or needs that may require special attention?

\_\_\_\_\_

Name and contact information of your personal physician who we may contact for

advice in an emergency: \_\_\_\_\_

\_\_\_\_\_

Any additional information that we should know? \_\_\_\_\_

\_\_\_\_\_

**PLEASE BRING A COPY OF YOUR HEALTH INSURANCE CARD WITH YOU.**