

MEDICAL INFORMATION AND WAIVER FORM

The Coastwise Packet Co. d.b.a. The Black Dog Tall Ships
P.O. Box 429, Vineyard Haven, MA 02568 • tel: (508) 693-1699 • fax: (508) 693-1881

Boat/Date _____ Age _____ Boy/Girl _____

Name of Minor _____ Home Phone _____

Mailing Address _____

Home Address _____ Email address _____

Parent's Names _____ Cell Phone _____

Mailing Address (if different) _____

Father's Employer _____ Work Phone _____

Mother's Employer _____ Work Phone _____

If parents can't be reached, please contact:

Name 1. _____ Phone _____

Name 2. _____ Phone _____

Please list all chronic conditions, allergies or other health information that might be important for your child's care in an emergency. _____

Dietary restrictions? _____

List all medications taken by this child. _____

_____ Can your child self-medicate? _____

Please describe your child's swimming ability: _____

Do you give permission for your child to swim from the vessel? _____

I, _____ (PARENT or GUARDIAN'S signature) hereby release Coastwise Packet Co. d.b.a. The Black Dog Tall Ships and its employees from any responsibility relating to the administration of prescription drugs to my child.

What do you do if your child has a headache? _____

Stomachache? _____

Medical Insurance Co. Name _____ Policy # _____

I hereby authorize Captain Robert S. Douglas, SHENANDOAH or Captain Morgan H. Douglas, ALABAMA to obtain whatever medical attention seems appropriate, including the use of emergency medical technicians, physicians or surgeons to give emergency care, necessary anesthesia, or perform emergency surgery on my son, daughter, or ward, (MINOR'S NAME).

(PARENT or GUARDIAN'S signature)

(DATE)