Hoover Sailing Club
4270 Smothers Road Westerville, Ohio 43081

EMERGENCY MEDICAL INFORMATION

Student Name: ____Date of Birth: __________

Address:____

City: ______________________________State:_____________ Zip:______________________

Grade in School:___________________ Name of School: ______________________________

Mother's Name: ___________________ Home Phone: ____________ Day Phone: __________

Father's Name: ____________________ Home Phone: ____________ Day Phone: __________

Emergency Contact Name:__________________________________ Day Phone:___________

Primary Care Physician:_____________________________________ Phone:_______________

Please check any items below that apply. Use the space below for additional details.

□ Eyeglasses □ Hearing Aids □ Asthma □ Learning Disabilities

□ Epilepsy □ Allergies □ Diabetes/Hypoglycemia

□ Heart Condition □ Blood Disorders