



Riverside Yacht Club Summer Program Medical Form

By Filling out this form, I as the parent of the below child give the staff of Riverside Yacht Club permission to administer the included medications.

Please provide a current head shot of your child

Name:

Age: DOB:

Allergy:

Emergency Contact: Phone: Relation:

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Doctor: Phone: Office Name:

Medications & Dosage:

Does your child know of their allergy?

Do they know how to administer their medication?

Please select the programs they take part in
A copy of this form will be sent to all program directors

| Morning Program

| Swim Team

| Sailing

| Tennis

Other Notes:

All Medications will be kept in the life guard office at the Pool and are accessible daily from 7:30am-8:00pm.
Please know the Pool Office is NOT temperature controlled