

Squantum Yacht Club Sailing Program

Authorization to Consent to Treatment of Minor

Dated and Effective As Of June 27, 2011

The undersigned parent(s) or guardian(s) of

(Print Student/Participant Name)

A minor, do(es) hereby consent to any emergency x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and/or is to be rendered under the general or special supervision of any physician or surgeon licensed under the applicable provisions of the Massachusetts General Laws and any regulations promulgated thereunder.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required or provided to the minor; however, it is given to provide authority and power on the part of the Squantum Yacht Club, its Sailing Program Chairman, its Sailing Instructors or employees to give specific consent to any and all such diagnosis, treatment or hospital care which any physician or surgeon in the exercise of that person's best judgment may deem advisable. Neither the Squantum Yacht Club nor any of its aforementioned agents, servants or employees assumes any financial responsibility for any treatment, care or services provided to or rendered for the minor as a result of the exercise of this authorization.

This authorization is given pursuant to the applicable provisions of the Massachusetts General Laws.

1. Family Doctor: _____ **Phone:** _____

2. Medical Problems: _____

3. Known Allergies: _____

4. Health/Hospital Insurance Plan: _____

Number: _____

This authorization shall remain effective until revoked in writing.

Signature of Parent/Guardian

Signature of Parent/Guardian
