



## 2014 MEDICAL INFORMATION & 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

**AS A REMINDER: WE REQUIRE THAT THIS FORM IS COMPLETED AND RETURNED AT LEAST TWO WEEKS PRIOR TO YOUR CHILD'S TRIP WITH US, AND THAT WE ARE NOT ALLOWED TO HAVE THEM ONBOARD WITHOUT IT.**

Name of Minor \_\_\_\_\_ Home Phone \_\_\_\_\_

Boat/Boarding Date \_\_\_\_\_ Age \_\_\_\_\_ Boy/Girl \_\_\_\_\_

Parent's Names \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_ Email address \_\_\_\_\_

Home Address \_\_\_\_\_

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? \_\_\_\_\_

I, \_\_\_\_\_ (PARENT OR GUARDIAN'S SIGNATURE)

hereby release Coastwise Packet Co. d.b.a. The Black Dog Tall Ships and it's employees from any responsibility relating to the administration of prescription drugs to my son, daughter, or ward, \_\_\_\_\_ (MINOR'S NAME).

What should we do if your child has a headache? \_\_\_\_\_

What should we do if your child has a stomachache? \_\_\_\_\_

Please describe your child's swimming ability: \_\_\_\_\_

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

Medical Insurance Co. Name \_\_\_\_\_ Policy # \_\_\_\_\_

I hereby authorize the Coastwise Packet Company d.b.a. The Black Dog Tall Ships and the Captains of it's vessels 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)