



LifeSail Inc. Sailing Programs & Actives Minor’s Health History – Parent’s &/or Guardian’s Report

Minor’s Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_ Male \_\_\_ Female \_\_\_ School/CBO \_\_\_\_\_

Does your child have the following: Details / Limitations

Seizures \_\_\_ No \_\_\_ Yes \_\_\_\_\_

Heart defect or disease/ Diabetes \_\_\_ No \_\_\_ Yes \_\_\_\_\_

Bleeding / clotting disorder \_\_\_ No \_\_\_ Yes \_\_\_\_\_

Asthma \_\_\_ No \_\_\_ Yes \_\_\_\_\_

Serious allergies: Insect stings \_\_\_ No \_\_\_ Yes \_\_\_\_\_

Penicillin \_\_\_ No \_\_\_ Yes \_\_\_\_\_

Other drugs Food \_\_\_ No \_\_\_ Yes \_\_\_\_\_

Other \_\_\_ No \_\_\_ Yes \_\_\_\_\_

Muscle, bone or joint problems \_\_\_ No \_\_\_ Yes \_\_\_\_\_

Previous injury still affecting \_\_\_ No \_\_\_ Yes \_\_\_\_\_

Loss of consciousness \_\_\_ No \_\_\_ Yes \_\_\_\_\_

Physical limitations \_\_\_ No \_\_\_ Yes \_\_\_\_\_

Surgery in the last year \_\_\_ No \_\_\_ Yes \_\_\_\_\_

Special fears or conditions \_\_\_ No \_\_\_ Yes \_\_\_\_\_

\* If you checked “Yes” to any of the above, then the participant needs to have a doctor’s release form on file

before he/she will be allowed to participate in the Summer Sailing Program.

\* LifeSail reserves the right to decline any participant for safety reasons.

Is there anything else we should know about your child? \_\_\_\_\_

I certify that the above information is true, correct and complete.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Any other health issue(s), please describe: \_\_\_\_\_

\_\_\_\_\_