

CONSENT FOR MEDICAL TREATMENT

I hereby give consent to the Morro Bay Yacht club to provide all emergency dental or medical care prescribed by a duly licensed physician (M.D.), osteopath (D.O.), dentist (D.D.S.) or paramedic to myself, _____ or

Name

my dependent _____

Name

selected by the Morro Bay Yacht club to render medical treatment deemed necessary and appropriate. This care may be given under whatever conditions are necessary to preserve life, limb or well being.

List medications, allergies and/or other helpful information:

Your Physician _____ Phone _____