

Medications:

Please list ALL medications (including over-the-counter/nonprescription drugs and birth control) taken routinely. Keep all medications in the original packaging/bottle that identifies the name of the medication, dosage, and the frequency of administration. Program policy states that ALL medications will be kept in the medical locker. The ship’s medical officer, or captain will administer medications as needed. If you are prescribed an inhaler, please be sure to bring it with you.

_____ This person takes NO medications on a routine basis

_____ This person takes medications as follows:

Medication #1 _____ Dosage _____ Times taken/day _____

Reason for taking _____

Medication #2 _____ Dosage _____ Times taken/day _____

Reason for taking _____

Medication #3 _____ Dosage _____ Times taken/day _____

Reason for taking _____

IMPORTANT – this section must be completed in order to participate in the sail

Medical Release:

I certify that this health history, and all information on it, is **complete and accurate**, and that I am physically and emotionally fit to participate in this offshore voyage. In the event I cannot make a decision in an emergency, I hereby authorize the South Carolina Maritime Foundation (SCMF), its Doctor(s), ship’s Captain or Medical Officer to administer emergency medical treatment and to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery for me. I further agree that this authorization includes the administration of all proscribed medications and treatments listed in this health history. I give permission for SCMF and its staff to share information from this form if needed for medical purposes. I understand that I am responsible for notifying SCMF of any injury, illness or other medical condition or **change** to the medical information here provided.

Full Release and Waiver of Claims:

I recognize that I am agreeing to (i) accept general liability for my participation in this Educational Expedition and (ii) hold harmless South Carolina Maritime Foundation, their officers, directors, employees, and volunteers from all claims, liability, or lawsuits arising from my actions while participating on an expedition aboard the Spirit of South Carolina. I certify that I am aware of the inherent dangers of sailing and water-related activities and hereby assume such risks.

I certify that I am at least 18 years of age. (If not 18, parent/guardian must also sign.)

Printed Name of Participant

Date

Signature (required): _____

Parent/Guardian must cosign for participants who are less than 18 years of age:

(Parent/Guardian Name & Signature)