

\_\_\_\_\_ ← **BOAT #**

**2019 MEDICAL-RESCUE FORM**



OFFSHORE POWERBOAT ASSOCIATION  
799 Route 70 East, Brick Township, NJ 08723

BOAT NAME \_\_\_\_\_

RACER NAME: \_\_\_\_\_

BOAT Class \_\_\_\_\_ RACER'S POSITION: \_\_\_\_\_

BOAT Launch: \_\_\_\_\_ HULL COLOR \_\_\_\_\_

HULL STYLE: Cat \_\_\_\_\_ Vee \_\_\_\_\_ COCKPIT: Canopy \_\_\_\_\_ Open \_\_\_\_\_ MOTOR STYLE: I/O \_\_\_\_\_ O/B \_\_\_\_\_

DOB \_\_\_\_\_ WEIGHT \_\_\_\_\_ BLOOD TYPE: \_\_\_\_\_ LAST TETANUS SHOT \_\_\_\_\_

CURRENT PRESCRIPTION MEDICATION? \_\_\_\_\_

CURRENT OVER THE COUNTER MEDICATION? \_\_\_\_\_

CURRENT SUPPLIMENT(S)/VITAMIN(S)? \_\_\_\_\_

ANY MEDICATION ALLERGIES? IF YES, LIST \_\_\_\_\_

ANY FOOD ALLERGIES? IF YES, LIST \_\_\_\_\_

OTHER ALLERGIES? \_\_\_\_\_

DOCTOR: NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

\_\_\_ HISTORY OF SEIZURES? \_\_\_\_\_ DIABETIC \_\_\_\_\_ If Yes, Type \_\_\_\_\_

\_\_\_ TAKING STEROIDS \_\_\_\_\_ HIGH BLOOD PRESSURE \_\_\_\_\_ Medication: \_\_\_\_\_

\_\_\_ TAKING CORTISONE \_\_\_\_\_ History of Heart Problems \_\_\_\_\_ If Yes, Type: \_\_\_\_\_

\_\_\_ TAKING BLOOD THINNERS \_\_\_\_\_

INSURANCE COMPANY: \_\_\_\_\_ POLICY# \_\_\_\_\_

MEDICAL HISTORY: \_\_\_\_\_

By listing the person(s) below as your Emergency Contact, you hereby give your permission to Consent for Treatment.

EMERGENCY CONTACT NAME: \_\_\_\_\_ RELATION: \_\_\_\_\_

STATE: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_ RELATION: \_\_\_\_\_

STATE: \_\_\_\_\_ PHONE: \_\_\_\_\_

**OPA USE ONLY**

Race	Date	BP	Pulse	Initial	Breathalyzer	Time	Initial	Signature: Consent for Treatment