PORTCHESTER SAILING CLUB

Children's Medical consent and emergency contact form
Revised 16 February 2010

Please complete all sections in Block Capitals
(2 pages)

SAILOR DETAILS:

Name:	
Home Address:	
Date of birth:	
Age:	

EMERGENCY CONTACTS:

Emergency Contact

Name:	
Relationship:	
Home Number	
Work Number	
Mobile Number:	

Alternative Emergency Contact:

Name:	
Relationship:	
Home Number	
Work Number	
Mobile Number:	

IF DIFFERENT FROM ABOVE:

Mother's Name:		Mobile Number:	
Home Number		Work Number:	
Father's Name:		Mobile Number:	
Home Number		Work Number:	

DOCTOR DETAILS:

Doctor's Name:		Work Number:	

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Child's name……

It is your responsibility to make known any potential medical conditions that may affect your child during the activities associated with the programme they will be taking part in. Please therefore provide as many details as possible. This information will be shared with the organisers and coaches at events and training.

Has your child ever suffered from any of the following conditions:

- Asthma/bronchitis Yes No
- Heart conditions Yes No
- Fits, fainting or blackouts Yes No
- Severe headaches Yes No
- Diabetes Yes No
- Travel sickness Yes No
- Allergies to medication Yes No
- Any other allergies (including food allergies) Yes No
- Other illnesses or disabilities Yes No

If you have answered yes to any of the above, please provide details in the box below.

When did your child last have a tetanus vaccination? Year ……

Is your child currently taking any medication? If so please specify:

Is your child suffering/recovering from any illness or injuries, which may affect their sailing?

Consent

I, the parent/guardian of …….. give permission to the organisers of activities during the period ..... (dates of event) to administer any relevant treatment or medication to the above-named participant when or if necessary.

In an emergency situation I authorise the organisers to take my son/daughter to hospital and give my full permission for any treatment required to be carried out in accordance with the hospital's diagnosis. I understand that I shall be notified, as soon as possible, of the hospital visit and any treatment given by the hospital.

Signed: …….…….…… (parent/guardian)

Name: (please print) ……..…..... Date: ……