



Cransley Sailing Club Medical Information Form

Consent form (for participants under 18 years) Please complete all sections in block capitals

Participant's details

First name	Surname/family name	
Home Address		
Date of birth	Age	School year

Parent/guardian/person with legal responsibility

First name	Surname/family name	
Relationship to child		
Home Number		
Mobile Number		

Alternative Emergency Contact:

First name	Surname/family name	
Relationship to child		
Contact number during sessions		

Medical information

Doctor/GP	Surgery Name & Telephone Number
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It is your responsibility to make known any disability/medical condition that may affect your child during the activity, and any medication that they may require. This information will be shared with those responsible for supervising the activity.

<p>Has your child ever suffered from any of the following conditions: Asthma/bronchitis, heart condition, fits, fainting or blackouts, severe headaches, diabetes? YES / NO</p> <p>If YES please provide details, including any specific medical advice to be followed in an emergency:</p>

Is your child currently taking any medication?	YES / NO
If YES please specify:	
When did your child last have a tetanus vaccination?	Year:

Is your child currently suffering/recovering from any injuries which may affect their sailing?	YES / NO
If YES please provide details:	

Does your child have any food / other allergies?	YES / NO
If YES please provide details:	

Does your child have a disability, learning difficulty or medical condition which may affect their learning (ability to participate in practical or theoretical sessions)?	YES / NO
If YES please provide details:	

Declaration of parent or person with legal responsibility

I, the parent/guardian of, hereby acknowledge that I have read the attached conditions of participation and that I fully understand them. I have explained them to my child, who understands and agrees to abide by them.

Medical consent

I 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 child 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.

Consent

I agree to notify the organisation of any relevant changes in my child's circumstances.

Signed: (participant)

Signed: (parent/guardian).....

Name: (please print) Date:

Please also sign the Parental Consent and the Photography Consent forms