



ROYAL SOLENT YACHT CLUB

MEDICAL FORM

NAME.....

Details of any medical condition and/or medication being taken

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I, the parent / guardian* of give permission to the staff / instructors / volunteers participating in activities during this event to administer any relevant treatment or medication to the named participant, when / if necessary. I shall inform the organising body of any known conditions and medication requirements.

In addition, if the case arises, I authorise the members of staff to take my son / daughter to hospital and give 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.

Parent's / Guardian's* consent (Signature)

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Name (Please print)

Relationship to participant

Contact Telephone Number

Date

* *Please delete as applicable*