**THE INTERNATIONAL GP14 CLASS ASSOCIATION**

**UNDER 18’s Medical consent and emergency contact form**

**THIS IS A MANDATORY REQUIREMENT**

**THIS FORM IS DOUBLE SIDED – PLEASE ENSURE YOU TURN OVER**

**Please complete all sections in Block Capitals**

**SAILOR DETAILS:**

|  |  |
| --- | --- |
| Sailor 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: |  |

PLEASE MAKE SURE THAT YOU HAVE NOTIFIED THE NOMINATED PERSON OF YOUR INTENTION TO USE THEM AS AN EMERGENCY CONTACT.

**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: |  |

It is your responsibility to make known any potential medical conditions that may affect you during the activities associated with the programme you 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.

Have you 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 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 you last have a tetanus vaccination? Year ……………………

Are you currently taking any medication? If so please specify:

Are you suffering/recovering from any injuries which may affect your 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)

Date: …………………………………………………….

The Child Protection Officer – Ann Penny Mob 07702307371