

CHEW VALLEY LAKE SAILING CLUB LTD

CONFIDENTIAL MEDICAL NOTIFICATION FORM

Any competitor, or their parent/guardian on their behalf, should notify the organisers of any medical condition and medication which may need attention whilst on the water. The information given below will be treated as confidentially as possible by the Organisers, on a need-to-know basis, but will, in particular, be notified to the Race Officer and Safety Officer, so that relevant information shall be to hand in the event of need and may be passed to any attending paramedic or other medical personnel.

Class

Flying 15

Sail Number:

Competitor:

1 (a) Does the competitor have any specific medical conditions? Yes/No*

1 (b) If so, please give details:

2 (a) Does the competitor take any medication (including intermittently, e.g. inhaler)? Yes/No*

2 (b) If so, please give details:

2 (c) How/where will this be held available should it be required?

3 (a) Does the competitor have any allergies? Yes/No*

3 (b) If so, please give details:

4 Is there anything else you feel that the organisers and/or safety personnel should know about the competitor?

Additional questions which may be applicable for sailors under the age of 18 who are attending a team or training event where the parent/guardian will not be present

5 Please detail any special dietary requirements and any restrictions on the types of over-the-counter medications that may be given if necessary:

6 Has the competitor had any contact with contagious or infectious disease within the last four weeks?

Signed by competitor:
(if over 18)

Name of Parent/Guardian:
(where competitor is under 18)

Signature or Parent/Guardian:

* delete as applicable