

Tynemouth Sailing Club
RYA Recognised Training Centre
Adult Medical Information

(Operating Procedures appendix 2d)
(Revision 2 24/04/18)(Reviewed 20/01/2019)

Student First name _____ Surname _____

Address _____ Post Code _____

Emergency Contact (Next of Kin)

Name _____

Address _____ Post Code _____

Phone Home _____ Work _____ Mobile _____

Medical Information

The following information is requested so that in the event of an emergency appropriate action can be taken and particularly so that in the unlikely event of an emergency in which you are seriously incapacitated, appropriate information can be given to emergency services.

Do you have any allergies? e.g. Elastoplast , penicillin, foods? **YES/NO**

Do you have any medical conditions which require regular or symptomatic medication e.g. diabetes, asthma, angina? **YES/NO**

If medication may be required during training (including administered by others if you are incapacitated) please give an explanation of what is required prior to the course starting. This may be given in confidence to the Senior Instructor running the course.

Have you any medical conditions which should be notified to hospital casualty? **YES/NO**

Are you taking regular medication which should be notified to hospital casualty? **YES/NO**

Do you have any other relevant medical condition? e.g. fits, blackouts, headaches? **YES/NO**

Are you suffering from any injury? **YES/NO**

If the answer to any of the above is **YES** please write details by overleaf and discuss them with the Senior Instructor running the course.

It is your responsibility to make known any medical condition that may affect your own personal safety during the activities associated with the course.

Name of GP _____ **Phone** _____

Address _____

Declaration and Permission

I consider myself physically fit to take part in dinghy sailing and can swim 50 metres in light clothing with a buoyancy aid.

I give TSC Training Principal or his representative permission to contact the person above in the event of my being injured/taken ill. I give permission for the information provided on this form to be given to qualified first aiders / emergency services / hospital personnel on a "need to know" basis.

Signed _____ **Name** _____ **Date** _____

Queries Training Principal e mail mike.shipway@tiscali.co.uk phone 0191 257 042

Insurance TSC is insured under the RYA Club Insurance Scheme including Sail Training Indemnity. TSC, TSC Volunteers, RYA Coaches, RYA Senior instructors or RYA Instructors do not accept responsibility for any loss, damage or injury suffered by persons and/or their property arising out of or during the course of their activities whilst training and/or coaching and/or instructing unless such injury loss or damage was caused by or resulted from negligence or deliberate act.

Data Protection The personal information provided and detailed on this form will be held, used and deleted in accordance with Tynemouth Sailing Club's Data Protection Policy and Procedures.