

Weir Quay Sailing Club

Medical consent and emergency contact form

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 CONTACT:

Name:			
Relationship:			
Home Number			
Work Number			
Mobile Number:			

Alternative Emergency Contact:

Name:			
Relationship:			
Home Number			
Work Number			
Mobile Number:			

IF DIFFERENT FROM ABOVE:

Mother's Name:		Mobile Number:	
Home Number		Work Number:	
Father's Name:		Mobile Number:	
Home Number		Work Number:	

Doctors Name:		Number:	
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Medical consent and emergency contact form - page 2

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 or recovering from any injuries which may affect your sailing?

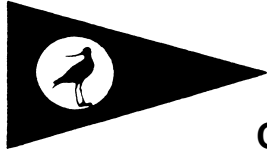
Are you vegetarian? Yes No Do you have any food allergies? If so, please specify:

Consent

I the parent/guardian of give permission to the organisers of activities on Friday evening sail training sessions 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) Name: (please print)

Date:



Weir Quay Sailing Club

Consent form for the use of photography or video

Weir Quay Sailing Club recognises the need to ensure the safety and welfare of children and young people taking part in boating.

In accordance with our child protection policy we will not arrange for photographs, video or other images or young people to be taken without the consent of parents or carers and children.

Weir Quay Sailing Club will follow the guidance for the use of images, a copy of which is available from the Welfare Officer Nick Ferneyhough on 01822 610 976.

Weir Quay Sailing Club will take all steps to ensure that images are used solely for the purposes for which they are intended. If you become aware that images are being used inappropriately you should inform the Club Welfare Officer immediately.

Consent

I (name of parent/carer)

consent to Weir Quay Sailing Club photographing or videoing

(Child's name).....

Signed: Date:

I (child's name)

consent to Weir Quay Sailing Club photographing or videoing my involvement in sailing

Signed: Date:

Contact Details: Preferred Email Addresses:

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