

Kyles of Bute Sailing Club Consent and Medical form.

Participants Full Name:

Address:

Date of Birth:

Age:

**Emergency contact**

Full Name:

Relationship:

Telephone Numbers:

email address if appropriate

**2nd Emergency Contact**

Full Name:

Relationship:

Telephone Numbers:

Participants Doctor:

Doctor's Telephone Number:

It is your responsibility to share any relevant medical conditions that may affect your child when participating in our activities. Please provide as much information as possible. This will be shared in confidence with the instructors and carers.

Has your child suffered from any of the following: (Please circle as appropriate.)

Asthma,	Yes /	No
Heart Condition,	Yes /	No
Diabetes,	Yes /	No
Headaches,	Yes /	No
Allergies to medicines,	Yes /	No
Fits, fainting or blackouts,	Yes /	No
Any other allergies,	Yes /	No

If the answer to any of the above is yes please provide further details on the back of this form.

Details of any medication currently administered: Use back or form if required.

I consent to photographs of the activities appearing on our website and Facebook page.

By submitting this form I (parent or guardian of the named person) am giving permission for the supervising member and or instructor to authorise administration of any treatment or medication when or if necessary. Further, if the case arises, I authorise the said person to organise to take the participant to hospital and give full permission for any treatment required in accordance with medical staff's diagnosis. I understand that I will be notified as soon as reasonably possible of the visit and treatment administered.

I have read, understood and agree with the terms and conditions provided with this form dated: 2017

Signed

Name of Parent or guardian if not the same as 1st Emergency contact.

Dated