



RS Tera Medical Consent Form - CONFIDENTIAL

Name:.....

Date of Birth:..... Age:.....

Next of Kin:..... Relationship:.....

Emergency Contact Details:

Home:..... Work:.....
.....

Mobile:.....

Doctor:..... Tel:.....
.....

It is your responsibility to make known any potential medical conditions that may affect you during the activities associated with the training programme or event you are taking part in. Please therefore provide as many details as possible. This information will be shared with organisers and coaches at training and events.

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.

Are you currently taking any medication? If so please specify

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 RS Tera Sailing and training activities to administer any relevant treatment for medication to the above named participant when and if necessary

In an emergency situation I authorise the organisers to take my child to hospital and give my full permission for any treatment required to be carried out in accordance with the hospital 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:**.....