



The participant is an:

Adult

Child*

*parent or guardian must complete relevant details

Cairn Curran Sailing Club



Sail Training Program – Confidential Medical Information

This information is intended to assist in case of any medical emergency.

[complete one form for each participant]

Participant's name _____ Date of birth _____

*Parent/guardian's full name _____

Address _____

Town _____ State _____ Postcode _____

Emergency contact person _____ Relationship _____

Emergency contact No. AH BH

Name and address of family doctor _____

Medicare number _____

Hospital / Medical fund _____ Membership no _____

Do – you / your child – suffer from any of the following:

Asthma - provide an Emergency Asthma Plan

Fits

Heart condition

Diabetes

Blackouts

Dizzy spells

Motion sickness

Migraine

Other

Allergies Penicillin Other drugs

Food allergies _____

Other _____

What special care is recommended _____

Special dietary requirements _____

Year of last tetanus immunisation _____ Normally 5 years of age (as Triple Antigen or CDT) and 15 years (as ADT)

Is your child currently taking tablets and/or medicine? No Yes – state name of medication, dosage, etc.

Sail Training Program – Consent to Medical Attention

Participant's name _____

If it is necessary or appropriate for a junior or youth to carry his/her own medication, (eg. asthma puffer or insulin for diabetes) it must be with the knowledge and approval of both the club representative-in-charge and parent or guardian.

Where a club representative-in-charge of the session or activity is unable to contact me,
or it is otherwise impractical to contact me,

I authorise the club representative-in-charge to:

- Consent to my child receiving such medical attention as may be deemed necessary by a medical practitioner.
- Administer such first aid as the club representative-in-charge may judge to be reasonably necessary.
- Administer paracetamol (ie: Panadol or equivalent) as the club representative-in-charge may judge to be reasonable and necessary.

Signed _____

Date _____