

HAMPTON PIER YACHT CLUB ADULT MEDICAL FORM

Please complete in respect of EACH member who will sail at Hampton Pier Yacht Club and ALL volunteers and carers who will be on the property during the current season. Each year all forms previously completed will be confidentially disposed of and therefore this form needs to be resubmitted even though there may be no change in the information already supplied.

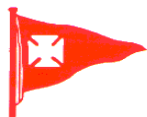
Participants details

First Name	
Surname/Family Name	
Home Address	
Date of Birth	
Emergency Contact Name	
Contact Number	
Dr/GP	
Surgery Name & Telephone Number	

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 the emergency services

Do you have any allergies? e.g. Elastoplast, penicillin, foods, insect stings? If YES please specify	YES/NO	Details
Do you have any medical conditions which require regular or symptomatic medication e.g. diabetes, asthma, angina? If YES please specify	YES/NO	Details
Do you have any bleeding disorders or take medication for thinning the blood e.g. Warfarin Apixaban? If YES please specify	YES/NO	Details



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Do you have any other relevant medical condition e.g. fits, blackouts, headaches? If YES please specify	YES/NO	Details
Do you have any medical devices e.g. pacemaker, ICD, loop recorder, freestyle libra? If YES please specify	YES/NO	Details
Other illnesses/disabilities If YES please specify	YES/NO	Details
Can you swim?	YES/NO	

It is your responsibility to make known any medical condition that may affect your own personal safety during club activities

Declaration and Permission

I consider myself physically fit to take part in dinghy sailing/paddle boarding/kayaking

I give HPYC or their 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 _____

DATA PROTECTION

Forms will be stored in the race tower at the sailing club and, The Race Officer and committee members only will have access to them. This form will be placed in a sealed envelope with the name of the person thereon. It will only be opened in an emergency if required.

The personal information provided and detailed on this form will be held, used and deleted in accordance with Hampton Pier Yacht Club's Data Protection Policy & Procedures

HPYC GM

April 2022