



## HAMPTON PIER YACHT CLUB JUNIOR MEDICAL FORM

Please complete in respect of EACH member under 18yrs of age who will sail at Hampton Pier Yacht Club 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 (Please print)

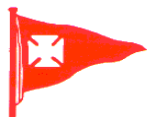
First Name		
Surname/Family Name		
Home Address		
Date of Birth	Age	School Year

### Parent/Guardian/Person with legal responsibility

First Name	
Surname/Family Name	
Relationship to child	
Home Number	
Mobile Number	

### Alternative Emergency Contact

First Name	
Surname/Family Name	
Relationship to child	
Contact Number	



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### Medical Information

Dr/GP	
Surgery Name & Telephone Number	

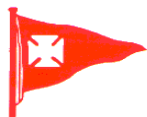
It is your responsibility to make known any disability/medical condition that may affect your child during the activity, and any medication that they may require. This information will be shared with those responsible for supervising the activity.

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 your child is seriously incapacitated, appropriate information can be given to the emergency services.

Does your child have any allergies? e.g. Elastoplast, penicillin, foods, insect stings?	YES/NO	Details
Does your child have any medical conditions which require regular or symptomatic medication?	YES/NO	Details
Has your child ever suffered from any of the following conditions: Asthma/bronchitis, heart condition, fits, fainting or blackouts, severe headaches, diabetes If YES please provide details, including any specific medical advice to be followed in an emergency:	YES/NO	Details
Is your child taking any medication?  If YES please specify	YES/NO	Details
When did your child last have a tetanus injection?		Year
Is your child currently suffering/recovering from any injuries which may affect their sailing?  If YES please provide details	YES/NO	Details

### Declaration of parent or person with legal responsibility

I, the parent/guardian of ..... hereby acknowledge that I have read the attached conditions of participation and that I fully understand them. I have explained them to my child, who understands and agrees to abide by them.



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### Medical consent

I give permission to the organisers of activities to administer any relevant treatment or medication to the above-named participant when or if necessary.

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.

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's diagnosis.

I understand that I shall be notified, as soon as possible, of the hospital visit and any treatment given by the hospital.

### Consent

I agree to notify the organisation of any relevant changes in my child's circumstances.

Signed: (participant) .....

Signed: (parent/guardian) .....

Name: (please print) ..... 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. The 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 GMC

April 2022