

<b>Parental / Medical Consent Form – Event Name</b>	<b>Date</b>
<i>This form should be appended to Entry Form</i>	
Name: _____	
Sail no: _____	
Tally No: _____ (assigned at Registration)	
In the unlikely event of an accident/ Incident, <b>do you give your permission for your child to be attended to by a First Aider / Doctor and/or to be taken to a Hospital?</b> Under these circumstances, you will be contacted immediately.	<b>YES / NO</b>
Has your child had any of the following:	
Heart condition / fits, fainting or blackouts / severe headaches:	<b>YES / NO</b>
<i>Details:</i>	
Does your child have <b>Diabetes</b> – Please define <b>Type 1</b> or <b>Type 2</b>	<b>YES / NO</b>
<i>Will they be carrying glucose/sugar whilst racing? (if applicable)</i>	<b>YES / NO</b>
Does your child suffer from <b>Asthma</b> or bronchitis	<b>YES / NO</b>
<i>Will they be carrying inhalers with them whilst racing? (if applicable)</i>	<b>YES / NO</b>
Have they <b>Allergies</b> to any known medicine/plasters/materials/ foods	<b>YES / NO</b>
<i>Details:</i>	
<i>Will they be carrying an <b>EpiPen</b> whilst racing?</i>	<b>YES / NO</b>
Other illnesses or disabilities not covered already;	<b>YES / NO</b>
<i>Details:</i>	
Travel /sea sickness	<b>YES / NO</b>
Does your child require regular medication to be taken during the Event;	<b>YES / NO</b>
<i>Details</i>	
Is he / she suffering from any <b>Injury</b> ?	<b>YES / NO</b>
<i>Details</i>	
Any other Dietary needs?	<b>YES / NO</b>
Contact Mobile No. _____	
Parent / (Loco Parentis) NAME: _____	
Signature .....Date .....	
<b>Assessment by Registration Team</b> – based on the above responses your child <b>will / will not</b> be issued with a coloured safety Tag to alert any Safety Boat to a “medical condition” enabling them to quickly refer to these details.	<b>Reg team confirm Yes /No</b>