

NEYLAND YACHT CLUB
JUNIOR SAILING
Medical Consent Form



I, the parent / guardian * of :

.....

give permission to the coaches participating in activities during the period

..... (date of event)

to administer any relevant treatment or medication to the named participant,
when / if necessary. I shall inform the organising body of any known conditions and
medication requirements.

In addition, if the case arises, I authorise the members of staff to take my son /
daughter to hospital and give 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.

Emergency Contact Numbers

.....

.....

Any known medical conditions / allergies medical staff should be aware of :-

.....

Parent / Guardian's * consent

..... (signature)

Name (please print)

Relationship to participant

.....

* *delete as applicable*

