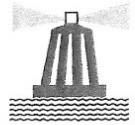


NEYLAND YACHT CLUB  
JUNIOR SAILING



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