

CONFIDENTIAL MEDICAL NOTIFICATION FORM

**ONLY REQUIRED IF YOU ANSWER "YES"
TO ONE OF THE QUESTIONS BELOW.....**

Any competitor, or their parent/guardian on their behalf, should notify the organisers of any medical condition and medication which may need attention whilst on the water.

The information given below will be treated as confidentially as possible by the Organisers, on a need-to-know basis, but will, in particular, be notified to the Race Officer and Safety Officer, so that relevant information shall be to hand in the event of need and may be passed to any attending paramedic or other medical personnel.

COMPETITOR NAME	HELM / CREW *		
Boat Number		Tally Number	For Official Use

1 (a) Does the competitor have any specific medical conditions? **Yes/No***

(b) If Yes, please give details:

2 (a) Does the competitor take any medication (including intermittently, e.g. inhaler)? **Yes/No***

(b) If Yes, please give details:

(c) How/where will this be held available should it be required?

3 (a) Does the competitor have any allergies? **Yes/No***

(b) If Yes, please give details:

4 Is there anything else you feel that the organisers and/or safety personnel should know about the competitor?

** Delete as appropriate*

Signed by competitor:
(if over 18)

Name of Parent/Guardian:
(when competitor is under 18)

Signature of Parent/Guardian: