



LANCING SAILING CLUB

Shopsdam Road, Lancing, Sussex, BN15 8ES, Tel 01903 766006, www.lancingsc.org.uk



CONFIDENTIAL MEDICAL NOTIFICATION FORM

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.

Sail Number:

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Competitor:

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

1 (b) If so, please give details:

2 (a) Does the competitor take any medication (including intermittently, e.g. inhaler)?

Yes / No*

2 (b) If so, please give details:

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

3 (a) Does the competitor have any allergies?

Yes / No*

3 (b) If so, please give details:

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

Signed by competitor:

(if over 18)

Date:

Name of Parent / Guardian / Supervising Adult:

(where competitor is under 18)

Signature or Parent / Guardian / Supervising Adult:

** delete as applicable*