



## Sailing Week 2011 Medical Disclosure Form

Surname \_\_\_\_\_ Forenames \_\_\_\_\_

Current Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Tel \_\_\_\_\_ Mob Tel \_\_\_\_\_

Parent/Guardian 1. \_\_\_\_\_ Daytime Tel \_\_\_\_\_

Name/s 2. \_\_\_\_\_ Daytime Tel \_\_\_\_\_

GP Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Tel \_\_\_\_\_

My Child has an up to date Tetanus vaccination Y/N \_\_\_\_\_

Please list any allergies e.g. penicillin, elastoplasts, foods, wasp stings etc. **If NONE please state none.**

\_\_\_\_\_  
\_\_\_\_\_

If yes to any allergies, is an EpiPen carried: Y/N \_\_\_\_\_

**If yes to EpiPen, this must be clearly labelled with your child's name and stored in the Galley or on the child's person during the course.**

Vegetarian Y/N \_\_\_\_\_ Special Diet Y/N (please specify details) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Other Comments \_\_\_\_\_

\_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_