



# TECHNO 293 UK

## MEDICAL & EMERGENCY CONTACT DETAILS FORM

### SAILOR DETAILS:

Sailor Name:	
Home Address:	
Date of Birth:	
Age:	
Sailor Mobile:	
Sailor Email Address:	

### EMERGENCY CONTACT DETAILS:

Name:	
Relationship:	
Home Number:	
Mobile Number:	

### ALTERNATIVE EMERGENCY CONTACT:

Name:	
Relationship:	
Home Number:	
Mobile Number:	
Work Number:	

### IF DIFFERENT FROM ABOVE:

<b>Mothers/Guardians name:</b>		<b>Fathers/Guardians Name:</b>	
Mobile Number		Mobile Number	
Work Number		Work Number	
Home Number		Home Number	

### DOCTOR DETAILS:

Doctors Name:	Phone Number	Address

It is your responsibility to make known any potential medical conditions that may affect you during the activities associated with the programme you will be taking part in. Please therefore provide as many details as possible. This information will be shared with the house/shore parent and coaches at events and training.

Have you ever suffered from any of the following conditions?:

	Yes or No	Details
Asthma/bronchitis		
Heart conditions		
Fits, fainting or blackouts		
Severe headaches		
Diabetes		
Travel sickness		
Allergies to medication		
Any other allergies		
Other illnesses or disabilities		

***If you have any other medical information not listed above, please provide here:***

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**TETANUS**

When did you last have a tetanus vaccination? Year .....

**MEDICATION**

Are you currently taking any medication? If so please specify.

**INJURY MANAGEMENT**

Are you suffering/recovering from any injuries which may affect your involvement within the programme?

**FOOD REQUIREMENTS**

Are you vegetarian?

Do you have any food allergies?

**Consent**

- I the parent/guardian of ..... give permission to the Techno Class Association appointed supervisor to administer to the named person, any treatment or medication when or if necessary.
- Further, if the case arises I authorise the Techno Class Association appointed supervisor to take my son/ daughter to hospital and give my 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.

Signed: ..... (parent/guardian) Name: .....

Emergency Contact Number ..... Date: .....

Entry form to be emailed to [hel\\_bennett@hotmail.co.uk](mailto:hel_bennett@hotmail.co.uk) prior to the event as well as being printed and to be brought to the training event.