|  |  |
| --- | --- |
| *[Event Name]* | *[Date]* |
| *This form should be appended to Entry Form* |  |
| Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Sail no:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Tally No: (*assigned at Registration*) |  |
| In the unlikely event of an accident/ Incident, ***do you give your permission for your child to be attended to by a First Aider / Doctor and/or to be taken to a Hospital?*** Under these circumstances, you will be contacted immediately.  | ***YES / NO*** |
|  |  |
| Has your child had any of the following:  |  |
| Heart condition / fits, fainting or blackouts / severe headaches:  | ***YES / NO*** |
| *Details:* |  |
| Does your child have **Diabetes**– Please define **Type 1** or **Type 2**  | ***YES / NO*** |
| *Will they be carrying glucose/sugar whilst racing? (if applicable)*  | ***YES / NO*** |
|  |  |
| Does your child suffer from **Asthma** or bronchitis  | ***YES / NO*** |
| *Will they be carrying inhalers with them whilst racing? (if applicable)*  | ***YES / NO*** |
|  |  |
| Have they **Allergies** to any known medicine/plasters/materials/ foods *Details:* | ***YES / NO*** |
| *Will they be carrying an EpiPen whilst racing?* | ***YES / NO*** |
|  |  |
| Other illnesses or disabilities not covered already;  | ***YES / NO*** |
| *Details:*  |  |
| Travel /sea sickness  | ***YES / NO*** |
| Does your child require regular medication to be taken during the Event; Details | ***YES / NO*** |
| Is he / she suffering from any **Injury**? Details | ***YES / NO*** |
| Any other Dietary needs? | ***YES / NO*** |
| Contact Mobile No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent / (Loco Parentis) NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature ………………………………………………Date ………………… |  |
| ***Assessment by Registration Team****– based on the above responses your child* ***will / will not*** *be issued with a coloured safety Tag to alert any Safety Boat to a “medical condition” enabling them to quickly refer to these details.* | ***Reg team confirm******Yes /No*** |

