

F.P.S.C. MEDICAL QUESTIONNAIRE

PRIVATE AND CONFIDENTIAL

NAME OF SAILOR: D.O.B: CLASS: SAIL NO:

ADDRESS:

HOME TELEPHONE:

NAME & PHONE NUMBER OF PERSON TO CONTACT IN THE EVENT OF AN EMERGENCY:

RELATIONSHIP TO CHILD:

FAMILY DOCTOR: TELEPHONE NUMBER:

DOES YOUR CHILD HAVE ANY ALLERGIES? **YES / NO** IF YES, PLEASE LIST:

DOES HE/SHE TAKE ANY MEDICATION? **YES / NO** IF YES, PLEASE LIST:

DOES HE/SHE NEED TO CARRY THIS MEDICATION AT ALL TIMES? **YES / NO**

WHO LOOKS AFTER IT WHEN YOUR CHILD IS ON THE WATER?

DOES YOUR CHILD HAVE ANY ONGOING MEDICAL CONDITION THAT WE SHOULD BE AWARE OF (EPILEPSY, DIABETES, ASTHMA ETC.)? **YES / NO** IF **YES**, PLEASE LIST:

DOES HE/SHE TAKE ANY MEDICATION? **YES / NO** IF **YES**, PLEASE LIST:

DOES HE/SHE NEED TO CARRY THIS MEDICATION AT ALL TIMES? **YES / NO**

WHO LOOKS AFTER IT WHEN YOUR CHILD IS ON THE WATER?

COULD THIS CONDITION NEED TREATMENT WHILE SAILING? **YES / NO** IF SO PLEASE GIVE DETAILS BELOW:

INSTRUCTIONS OF EMERGENCY TREATMENT:

This information will be shared only amongst those people who need to know, to ensure the safety of your child. It is your responsibility to keep us informed and up to date if any changes occur. In signing this form you agree to these conditions. Please remember that you must not leave your child at the Club unattended. Always inform the person in charge of the session who is acting in loco parentis and give their contact details.

SIGNATURE OF PARENT/GUARDIANDATE.....

PLEASE INFORM THE CLASS CAPTAIN OR EVENT ORGANIZER IF ANY OF THESE DETAILS CHANGE
PLEASE CONTINUE OVERLEAF IF REQUIRED