

Medical Information

Any member (or their parent in the case of someone under the age of 18) that has a medical condition that could affect their safety on the water should make sure that their sailing companion is aware of the issues and any action that may have to be taken.

If the member would also like the committee to be aware of the condition they can complete the form below and passed to one of the committee members.

Note, that due to data protection issues the information passed to the committee will not be readily available to ordinary members but would only be passed to someone completing first aid measures if and when required.

Your name.....

Address.....
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Date of birth.....

Medical Notes

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Medication or remedy

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Dietary requirements

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It may be necessary to contact someone on your behalf. Please give as many contact telephone numbers as possible.

Name.....

Address.....
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Tel.....

Mobile.....

Dated.....