



RGYC BRAVO COURSE MEDICAL FORM Confidential

Please print clearly

Surname

Given Names

Address

Gender

Date of Birth

Medicare Number

Ambulance Member Number

Any Medical Conditions

Asthma
Diabetes Insulin /No Insulin
Epilepsy
Bleeding Disorder – Please specify
Heart Condition – Please specify

Other - Please list

Allergies

Contact Numbers - Home

Mobile

Any other relevant information including Current Medications

Emergency Contacts

Name 1

Phone

1

Name 2

Phone

2

Name 3

Phone

3

PARENTAL/GUARDIAN CONSENT (Under 18 only)

I, _____ of

(Parent/Guardians Name)

of

(Address)

consent to my son/daughter competing in the RGYC Bravo Course, as per the terms and conditions accepted in the 2011/2012 Notice Of Race (NOR). I hereby authorise the organisers to permit my son / daughter to be given necessary drugs or anaesthetic and to be operated upon, in the event of a medical emergency, if such treatment is considered necessary, by a duly qualified medical practitioner during the 2011/2012 Summer Season. This permission is given providing **every effort** is made to contact me personally before any decision is made to administer drugs, anaesthetise or operate.

The information contained on this form is, to the best of my knowledge, true and correct.

Signed: _____

Date __/__/____

(Parent/Legal Guardian of sailor listed above and residing at the address shown there on)

PLEASE RETURN COMPLETED FORMS TO RGYC BRAVO RACE OFFICER