

RCYC Sailing Academy



MEDICAL FORM

TO BE COMPLETED BY THE PARENT/LEGAL GUARDIAN OF THE PARTICIPANT

Participants Details

Name			
ID Number		Cell no.	
Parent 1		Parent 2	
Name		Name	
Cell no.		Cell no.	
Work no.		Work no.	
email		email	
Alternative contact person		Medical Aid details	
Name		Medical Aid	
Cell no.		Main Member	
Tel no.		Type of fund	
		Fund No.	

Family Doctor details			
Name		Tel no.	
Medical condition of participant (mark with x)			
ADHD	Diabetes	Heart Problems	Other
Epilepsy	Allergies	Asthma	
Medications			
Do you give your consent for basic medical 1st Aid care if required?			

Signed by parent/guardian		Date	
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