

# RCYC Sailing Academy



## MEDICAL FORM

<b>Participants Details</b>
-----------------------------

Name			
ID Number		Cell no.	
Email			
<b>Alternative contact person</b>		<b>Medical Aid details</b>	
Name		Medical Aid	
Cell no.		Main member	
Tel no		Type of fund	
<b>Family Doctor details</b>			
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:		Date:	
---------	--	-------	--