

# Swarkestone Sailing Club

## CONFIDENTIAL-MEDICAL FORM

2014/15

Please complete in respect of \*EACH member who will sail at Swarkestone Sailing Club and ALL volunteers and carers who will be on the property during the 2014/15 season.

Each year all forms previously completed will be confidentially disposed of and therefore this form needs to be resubmitted even though there may be no change in the information already supplied.

Name .....

Emergency contact number .....

Name of Emergency contact/Relationship ...../.....

It is your responsibility to make known any potential medical conditions that may affect you whilst sailing at Swarkestone Sailing Club. Please therefore provide as many details as possible.

**This information will only be shared in an emergency.**

Have you every suffered from any of the following conditions? Please circle as appropriate.

Asthma/bronchitis	YES	NO
Heart conditions	YES	NO
Fits, fainting or blackouts	YES	NO
Severe Headaches	YES	NO
Diabetes	YES	NO
Travel sickness	YES	NO
Allergies to medication	YES	NO
Other illnesses/disabilities	YES	NO

If you have answered YES to any of the above or are taking any medication which may affect any possible emergency treatment, please provide detail below.

\*In the event that more than one document is required please either photo copy this original for your use or contact the Membership Secretary for additional documents.

Forms will be stored in the office at the sailing club and committee members only will have access to them. **If you wish you can place the form in a sealed envelope with the name of the person thereon. It will only be opened if required.**