92nd Stonehaven Cup / Open 2021
RMYS

Confidential Medical Form

This information is intended to assist in case of a medical issue or emergency.

All participants are to complete this form as a pre-requisite for entering the Stonehaven Cup Regatta.

Please complete and return by 2nd December 2020.

Participant's name..... Date of birth…....

Parent's / Guardian's name.....

Name and contact details of family doctor.....

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Medicare number.....

Hospital / Medical fund..... Membership no.....

Please tick if your child suffers from any of the following:

☐ Asthma - Please provide an Emergency Asthma Plan ☐ Fits ☐ Heart condition ☐ Diabetes

☐ Blackouts ☐ Dizzy spells ☐ Motion sickness ☐ Migraine ☐ Other.....

Allergies to:

☐ Penicillin ☐ Other drugs, specify.....

☐ Any foods specify.....

What special care is recommended? .....

Special dietary requirements? .....

Year of last tetanus immunisation.....

[This is normally given at 5 years of age (as Triple Antigen or CDT) and at 15 years of age (as ADT)]

Is your child currently taking tablets and/or medicine? ☐ Yes ☐ No

If "Yes", please state name of medication, dosage, etc. .....

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Medical Attention

I understand that if it is necessary or appropriate for a participant to carry his/her own medication, (eg. asthma puffer or insulin for diabetes) it must be with the knowledge and approval of both the Organising Authority's representative-in-charge and myself.

Where the Organising Authority's representative-in-charge is unable to contact me, or it is otherwise impractical to contact me, I authorise him/her to:

- Consent to my child receiving such medical attention as may be deemed necessary by a medical practitioner.
- Administer such first aid as he/she may judge to be reasonably necessary.
- Administer paracetamol (i.e. Panadol or equivalent) as he/she may judge to be reasonably necessary.

Signature of parent / guardian..... Date.....