



# HELENSBURGH SAILING CLUB



## TRAINING COURSE INFORMATION

### *MEDICAL CONSENT & NEXT OF KIN*

I, the parent/guardian\* of:

.....whose Date of Birth is .....

give permission to the instructional staff at Helensburgh Sailing Club, to administer any relevant treatment or medication to the named student, when/if necessary. Please specify below if the student has any medical condition that we need to be aware of. This information will be treated confidentially. (Please use block capitals throughout).

**MEDICAL CONDITION:** (Note: Please also include dosage etc of any medication that may need to be administered to juniors)

In addition, if the need arises, I authorize the members of staff to take my son/daughter/ward to hospital and give full permission for any treatment necessary to be carried out in accordance with the hospital's diagnosis. I understand that I shall be notified, as soon as possible, of the hospital visit/admission and any treatment given by the hospital.

Parent/Guardian's consent .....(signature)

Name .....(please print)

Relationship to student .....Date .....

#### **NEXT OF KIN:**

Name: .....

Address: .....

Phone No .....

.....

Mobile No .....

.....

Post Code: .....

**This form must be completed and returned with the Course Application Form**