



# West Wilts Youth Sailing Association

## HEALTH CERTIFICATE & PARENTS CONSENT IN CONFIDENCE

(when completed)

COMPLETE USING BLOCK CAPITALS - ADD OR DELETE AS REQUIRED

### IMPORTANT NOTES

- A It is a WWYSA requirement that this form is completed for all students wishing to attend WWYSA activities outside normal sailing at Westbury, eg area or national events or other activities.
- B IT IS THE RESPONSIBILITY OF THE SENIOR SUPERVISOR / INSTRUCTOR TO ENSURE THAT PARENTS / GUARDIANS ARE INFORMED AT THE EARLIEST OPPORTUNITY WHEN A STUDENT REQUIRES HOSPITAL TREATMENT.

### STUDENT DETAILS:

Fore names:		Surname:	
Address:		Date of Birth:	
Home phone:		Mobile Phone:	

### HEALTH CERTIFICATE AND PARENT CONSENT:

PLEASE READ CAREFULLY BEFORE COMPLETING

- To the best of my knowledge, my son / daughter / ward has not been in contact with any contagious or infectious diseases during the last three weeks. He / she is in normal health and does not suffer from any illness or disability which would affect him / her from taking a full and active part in all events and activities.
- My son / daughter / ward is / is not taking medication.  
(IF MEDICATION IS PRESCRIBED PLEASE COMPLETE THE SECTION BELOW or detail on a separate sheet).

Medication:	Dosage:	Frequency:	Carried at all times:
			YES / NO
			YES / NO
			YES / NO

- He / she is undergoing temporary / permanent treatment for:
- Any medical condition / allergy which the O/C should be aware of (if necessary place report in separate sheet):
- Dietary requirements, eg Vegetarian, Vegan:

6 In the event of illness or accident requiring hospital or medical treatment and the delay required to obtain my signature is considered inadvisable by the medical authorities, I authorise the Office in Charge or a responsible member of his / her team to sign any written form of consent required by the medical authorities on my behalf. If the medical authorities wish to contact the General Practitioner of my son / daughter / ward, they may do so.

Practitioner Name:	
Practitioner Address:	
Telephone number, including national code:	

7 I agree to my son / daughter / ward taking part in all WWYSA activities and events which will include going afloat and I confer my son / daughter / ward to the care of the Instructor in Charge of the course / event / activity.

Signature of Parent / Guardian:	
Date:	
Contact number if different from above:	

THIS FORM PROVIDES IDENTIFICATION OF THE STUDENT. IT MUST THEREFORE BE RETURNED TO THE STUDENT AT THE END OF THE COURSE / EVENT / ACTIVITY FOR HOMEWARD JOURNEY.

Activity date from:		Date to:	
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