

ANNEX B

PARTICIPANT'S EXISTING OR PRE-EXISTING MEDICAL CONDITION FORM

CONFIDENTIAL

*Completion of this form is not mandatory but is intended to facilitate emergency medical treatment should the participant require it but be unable to communicate. Please hand in during Registration*

*This form will be kept confidential at Regatta HQ unless required to assist any medical treatment of the participant, and at the end of the Regatta will be either securely destroyed or if requested returned to the participant (participant to collect from Regatta office)*

Name \_\_\_\_\_ Participating boat \_\_\_\_\_

Address and contact phone number \_\_\_\_\_

\_\_\_\_\_

Medical condition \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Treatment/medication \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Doctor/clinician providing treatment \_\_\_\_\_

Address and phone number \_\_\_\_\_

\_\_\_\_\_

Allergies \_\_\_\_\_

Skipper/crew member contact details \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

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