



**Form 3 MEDICAL TREATMENT PERMISSION**

I, (print name)

being the parent or legal guardian of  
 (print competitor's name)


hereby give my permission to my child's coach or team leader (appointed person) to sign for any medical or surgical treatment necessary for my child during the event as defined in the Notice of Race and Sailing Instructions for the 2005 FORMULA WINDSURFING YOUTH WORLD CHAMPIONSHIP/JUNIOR CHAMPIONSHIP

<b>APPOINTED PERSON:</b>		
<b>Last Name</b>	<b>First Name(s)</b>	<b>Sail #</b>
<b>Address: Street</b>		<b>City</b>
Post/Zip Code	Country	
<b>Phone #</b>	<b>Fax #</b>	
<b>E-Mail</b>		
<b>IMPORTANT MEDICAL HISTORY:</b>		
<b>LAST TETANUS IMMUNIZATION DATE</b>		
<b>Current Medicines:</b>		
My child takes the following medicines		
<b>Allergies:</b>		
My child has the following allergies		
<b>International Medical Insurance:</b>		
My Child is covered by the following insurance company		
Under Policy No: _____ to the value of _____		
which allows <input type="checkbox"/> does not allow <input type="checkbox"/> (please tick the relevant box) repatriation by special air taxi.		
<b>PERSON to contact in case of emergency if different from above</b>		
<b>Last Name</b>	<b>First Name(s)</b>	
<b>Address: Street</b>		<b>City</b>
Post/Zip Code	Country	
<b>Phone #</b>	<b>Fax #</b>	
<b>E-Mail</b>		

Please return this form to the event organiser/registration as detailed on the Notice of Race: