

**2012 LITHUANIA NEIL PRYDE FORMULA WINDSURFING BALTIC CUP
25th, 26th & 27th May 2012 - Kintai, Lithuania**

Form 3 MEDICAL TREATMENT PERMISSION

NB To be completed by the parent / guardian of all entrants under 18 years of age.

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| I, (print name) | |
| being the parent or legal guardian of (print competitor's name) | |
| hereby authorise the following appointed person to give permission for my child to receive any emergency dental, medical or surgical treatment, including anaesthetic, as considered necessary by the medical authorities present, as defined in the Notice of Race & Sailing Instructions for the 2012 IFCA Slalom European Championship . | |
| Signature | Date |

| | |
|--|--|
| APPOINTED PERSON: Name of the responsible adult attending event | |
| Mobile phone number of responsible adult (inc country code) | |

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| IMPORTANT MEDICAL HISTORY: |
| LAST TETANUS IMMUNIZATION DATE: |
| Current Medicines - My child takes the following medicines: |
| Allergies - My child has the following allergies: |
| International Medical Insurance - My Child is covered by the following insurance company: |
| 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. |

| | |
|--|--|
| PERSON to contact in case of emergency in addition to above | |
| Address | |
| Mobile phone number (inc country code) | |
| Daytime phone number (inc country code) | |
| Evening phone number (inc country code) | |

The Appointed Person accompanying the competitor should present this form at Event Registration