Volunteer Medical & Next of Kin

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| **Name:** |
| **Date of Birth:** |
| **Any Medical Issues:** |
| **Any Current Medication**: |
| **Any Allergies:** |
| **Next of Kin:****Relationship:****Contact No Mobile:****Contact Number Home:** |

**PLEASE NOTE:**

PLEASE ENSURE YOU HAVE COMPLETED THE LOCO-PARENTIS FORM IN THE RACE OFFICE PRIOR TO LAUNCHING IF YOUR SAILOR DOES NOT HAVE ANOTHER PARENT/CARER ON SHORE. Thank you.