# Medical Treatment Permission and Medical History Form

# Athlete Details

**IMPORTANT!** Where applicable, please ensure you fill out the information below as it appears on your passport, license, or ID card.

**Athlete First Name (As listed in Passport) (Required)**

**Athlete Middle Name (if applicable)**

**Athlete Family Name (As listed in Passport) (Required)**

**Contact Telephone Number (Required)**

**Representing Country**

**World Sailing Sailor ID**

## Emergency Contact Details

To help us ensure your safety and the safety of others during the course of the event we kindly ask that you assist us with some basic emergency information.

**Athlete Emergency Contact Name (Required)**

**Athlete Emergency Contact Telephone (Required)**

**Athlete Emergency Contact Email**

**Do you have any medical conditions or allergies we should be aware of? (Required)**

Please note: This information is purely to assist in the event of an emergency and will be kept in the strictest confidence.

No

Yes

You are responsible for supplying your own medications as required for your condition.

**Athlete Condition Details**