



**XXXVII VOLVO YOUTH SAILING ISAF WORLD CHAMPIONSHIP  
KINGSTON, ONTARIO, CANADA**

**MEDICAL TREATMENT PERMISSION FORM**

I, \_\_\_\_\_  
(please print)

being the parent/legal guardian of \_\_\_\_\_  
(name of athlete)

hereby give permission to my child's coach or team leader to sign for any medical or surgical treatment necessary for my child during the Volvo Youth Sailing ISAF World Championship 2007 (12-21 July 2007)

Permission is also granted for drug testing to be performed in accordance with the ISAF Anti Doping Code. THIS FORM DOES NOT CONSTITUTE THERAPEUTIC EXEMPTION OF A PROHIBITED SUBSTANCE. Please contact your National Sailing Federation for obtaining such exemption when necessary.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(parent/legal guardian)



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**MEDICAL HISTORY FORM**

Name: \_\_\_\_\_

Athlete / Coach / Team Leader (circle one)

Country: \_\_\_\_\_

<b>MEDICAL HISTORY</b>	
Important medical and surgical history	Last tetanus immunization date
My child takes the following medicines	My child has the following allergies

<b>MEDICAL INSURANCE</b>	
Company name:	Policy Number:

**Emergency Contact**  
**(please print)**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address:

\_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_