

NatSKA

the national association for school and youth group karting

Form F07 (2010) - Medical Data Form

(to be completed by parent/guardian of participant - use a continuation sheet as necessary)

Name: _____	Team: _____
D.O.B: ____ / ____ / ____	

Does your son/daughter suffer from any medical condition that requires treatment or medication? YES NO

(details) _____

Has your son/daughter ever been advised against participating in motorsport by a medical professional? (eg: your General Practitioner) YES NO

(details) _____

Does your son/daughter suffer from any allergies? YES NO

(details) _____

Is your son/daughter allergic to any medication? YES NO

(details) _____

Has your son/daughter received a tetanus injection in the last 10 years? YES NO

Please give details of any other inoculations given during the last 5 years.

If applicable, what medications will your son/daughter usually carry for their condition? (for example, a Salbutamol inhaler for asthma)

(details) _____

Does your son/daughter suffer from, or ever been treated for any of the following conditions? (please tick)

- Epilepsy
- Heart disease or a heart disorder
- Severe Hypertension
- Severe psychiatric / mental disorder
- Diabetes
- Severe fainting spells or blackouts

If you have ticked any of the above, please give detailed information, and enclose a letter from your G.P. authorising you to race.

Family GP information

Name of family Doctor: _____ Phone: _____

Address: _____

County: _____ Post Code: _____

Parent/Guardian Contact Details:

Name: _____ Phone: _____

Address: _____

County: _____ Post Code: _____

I agree that the information provided on this form is accurate and correct, and agree to notify the Team Leader immediately of any changes that affect the integrity of the information provided. I agree to my son/daughter receiving emergency medical treatment, including anesthetic, as considered necessary by the medical staff present. I understand the extent and limitations of the insurance cover provided.

This form must be resubmitted annually

Signed: _____ (parent/guardian) Date: ____ / ____ / ____

Notes:

- (a) It is strongly recommended that all competitors should be immunised against tetanus.
- (b) It is recommended that asthmatics should wear an identity tag (i.e. bracelet or necklace) declaring that they are asthmatic and that they should inform the event's Chief Medical Officer of their condition before competing.
- (c) It is strongly recommended that an annual eyesight test is taken.
- (c) Spectacles should be fitted with shatterproof lenses. Contact lenses if worn should be of the "soft" variety.
- (d) The mouth should be kept clear of anything likely to cause a blockage of the airway in the event of an incident. It is advisable to remove false dentures and to refrain from chewing gum.
- (e) Competitors are advised to refrain from wearing jewellery which, in the event of an incident, could prove hazardous.