



**2011 LATVIA BALTIC CUP  
& FORMULA WINDSURFING WORLD RANKING EVENT**  
**12<sup>th</sup>, 13<sup>th</sup> & 14<sup>th</sup> August 2011**      **Liepaja, Latvia**  
*An International Windsurfing Association sanctioned event*

**Form 3 MEDICAL TREATMENT PERMISSION**

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

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 and Sailing Instructions for the <b>2011 Latvia Baltic Cup</b> .	
Signature	Date

<b>APPOINTED PERSON: Name of the responsible adult attending event</b>	
<b>Mobile phone number of responsible adult (inc country code)</b>	

<b>IMPORTANT MEDICAL HISTORY:</b>
<b>LAST TETANUS IMMUNIZATION DATE:</b>
<b>Current Medicines</b> - My child takes the following medicines:
<b>Allergies</b> - My child has the following allergies:
<b>International Medical Insurance</b> - 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.

<b>PERSON to contact in case of emergency</b> in addition to above	
<b>Address</b>	
<b>Mobile phone number (inc country code)</b>	
<b>Daytime phone number (inc country code)</b>	
<b>Evening phone number (inc country code)</b>	

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



**Lufthansa**  
Official Airline

