

TECHNICAL NOTE: 20-T03

1 / C.O.J.I. established a single document to facilitate registration and accreditation procedures in which it is essential to attach medical information.

2 / Upon accreditation, the sports expedition leader must sign, as head of the delegation, a certificate (which will be supplied) indicating that it is in possession of all documents for each member of his delegation, which will be held "in situ" and made available to any presentation request by the COJI, COL or medical officer:

- ✓ Parental consent
- ✓ Medical information
- ✓ Copy of Identity Card or passport

Those document must indicate whether there are specific medical observations for the athlete and provide those information to the medical responsible (sports or hotel) on the day of arrival at the hotel.

In case a sport expedition leader certifies that he is in possession of documents to be accredited but do not materially hold them, this will be considered fraud. Consequently, there will be on one hand, COJI disciplinary sanctions, with the inability to act in the exercise of his functions in organizations and activities of this organization, and on the other hand, legal penalties those apply and are referred to the appropriate legal body.

Finally, the documentation will only be admissible if it is accompanied by a certified copy of passport or identity card of the signatory, as well as proof of legal guardianship in the event that the signatory is not one the parents.



 $\begin{array}{c} \text{ISLANDS GAMES} \\ \text{``ILLES BALEARS-MALLORCA-CALVIA 2020''} \\ \text{MAY } 19^{\text{th}}\text{-}24^{\text{th}} \ 2020 \end{array}$

PARENTS' AUTORISATION

ISLAND (s) SPORT:			
I the undersigned			
SURNAMEFirst name			
Address			
Passport or identity card n°			
Business Tel. :			
Cell phone : Email:			
Quality: Father Mother Legal tutor			
Parent exercising custody of the following minor(s):			
Name and surname:			
1 / I authorize (or allows) * To travel with the delegation of			
\Box - there is no medical impediment to their participation, according to the medical certificates and reports from the doctors concerned.			
\Box - there are specific requirements that accompany the medical information form (attached) and that contains important information that should be taken into account by the medical services of the organization.			
Signed inon the			

(Attach a copy of the identity card or passport of the signatory, accompanied by the guard certification

document or legal tutoring and a completed medical form)



MEDICAL DETAILS

ISLAND (S):		SPORT
SURNAME		First name
Date of birth:	Height:	Weight
Blood type:	(+ Rhesus	factor)
VACCINATIONS:		
- Tetanus	(date)	
- Poliomyelitis	(date)	
- Other(s)		
CLINICAL CONDITIO	ONS IDENTIFIED:	
Current treatment:		
Prevention:		
Crisis:		
CURRENT HEALTH	PROBLEMS :	
Undergoing treatmen	t for	Since
Current medications:		
KNOWN ALLERGIES	<u>S:</u>	
REMARKS:		
Name of family docto	r:	Tel:
Phone/contact in case	e of emergency:	

DOCUMENTS TO BE GIVEN TO C.O.J.I. DURING ACCREDITATION OPERATIONS

(If, to bring order and prescription drugs)