



MEDICAL FORM AND DISCLAIMER

FULL NAME: _____

TEL/MOB: _____

The events first aid unit will retain a paper copy of this information as a confidential record during the event only. This information is for use by the first aid unit. It may be passed to appropriate parties where deemed necessary. This questionnaire is designed to assist the event support team in assessing and caring for injured parties. Anyone for whom the first aid unit have a responsibility for will be required to complete this form. In the event of injury, there will be reduced need to question individuals or transmit personal medical information, as this will already be in hand, improving levels of care and confidentiality.

Thank you for your co-operation.

Date of Birth _____	
List any current medical or psychiatric conditions. _____	
Do you have significant past medical or psychiatric problems including: High Blood Pressure Epilepsy Heart Disease Stroke Asthma Diabetes? _____	
Please list any medication taken including, bought at a chemist, prescribed, contraception etc. _____	
Please list any allergies (drug / other) and state whether minor irritation / rash or life threatening. _____	
Are you pregnant? YES or NO (Female only) _____	
Please provide two emergency contacts:	
Name: _____	Name: _____
Relationship: _____	Relationship: _____
Address: _____	Address: _____
Contact: _____	Contact: _____

I confirm that I have read and understand the questionnaire and that the information I have provided is accurate to the best of my knowledge.

I declare I am physically fit and healthy enough to take part in activities at the event. I acknowledge that taking part in adventure events (or for crew and marshals - working at the event) can be hazardous, and waive and renounce any rights and claims for damages I may have against the organiser or his agents for loss/injury as a result of participation in this event. If you are under 18, your parent / guardian MUST sign their consent for you to take part on the day in person, at the event.

I consent to the sharing of this information at the discretion of the first aid where deemed necessary.

IMPORTANT

PLEASE WRITE YOUR NAME, ANY CURRENT MEDICATION, ANY ALLERGIES AND EMERGENCY CONTACT NUMBERS AND RACE NUMBER ONTO THIS FORM.

SIGNATURE: _____

RACE N^o: _____

SUPPLIED BY GRID OFFICIALS