

17b. MEDICAL INFORMATION FORM

1. Personal Details

Name _____

Date of Birth _____

GP Contact Details-

Name of GP _____

Address _____

Postcode _____

GP Telephone _____

2. Medical Information

(a) Do you have any allergies, including medications? Y/N

If Yes please give details - severity, EpiPen information etc.

(b) Have you had any illnesses, disabilities or injury relevant to this event/activity?
Y/N

If Yes please give details:

(c) Are you currently taking medication? Y/N

If Yes please give details including reason for its use.

(d) Are you currently receiving medical treatment? Y/N

If Yes please give details including hospital name and address.

(e) Have you received a tetanus injection in the last five years? Y/N



(f) Please outline any special dietary requirements:

(h) Is there any further information the club should have regarding your health and wellbeing?

3. Emergency Contacts - Contact 1

Name _____

Address _____

Postcode _____

Home Telephone _____

Work Telephone _____

Contact 2

Name _____

Address _____

Postcode _____

Home Telephone _____

Work Telephone _____

Declaration

I understand that the information I provide in this form will only be accessed by authorised club personnel. It will be stored securely either electronically or as a paper copy.

Yes – I give my consent for XXX club and the RCCC recording sensitive personal information about me

No – I do not give my consent to XXX club recording sensitive personal information about me

I understand the extent and limitations of the insurance cover provided for the participation in the sport of curling.

Signed:

Date:

