# **Members Medical Details**



*Please complete a separate form for each paddler for whom medical details need to be recorded. For under-18s the form must be completed by an adult responsible for them.* 

It is important for the safety of all paddlers that the club and especially the coaches training them are aware of any medical conditions which affect them. The information will be stored securely and made available only to those who need it. Some of this information duplicates the main membership form, but please complete it anyway.

This information is required because of our legitimate interest in ensuring paddlers' safety and wellbeing while they are taking part in activities with the club. Please see the club's Privacy & Data Protection Policy on the club website: <u>www.StortfordCanoe.org.uk/document-library.html</u>

## 1. THE PADDLER

Name of the club member who is the subject of this form	Date Of Birth
Nember's Address	Dect Code
Member's Address	Post Code

# 2. PERSON COMPLETING THE FORM

Name of the person completing this form (if not the member)			
Relationship			
F			
Phone number(s)			

## 3. Additional Emergency Contact

Friend/Relative Phone number	Name & Relationship	

## 4. MEMBER'S DOCTOR

GP's name	
GP/Practice address	GP phone no
GP/Practice address	GP phone no

#### 5. MEDICAL CONDITIONS

**Please include anything which could affect the member's safety while at the club, or which would be useful for the coaches to consider when directing training** *Including (but not restricted to) asthma, heart conditions, epilepsy, allergies, past injuries, hearing issues, diabetes, joint/back issues, mental health issues, SEN* 

## 6. DETAILS OF ANY PRESCRIPTION MEDICINES

Medicines taken routinely

Medicines carried to be used in the event of an incident

## 7. Agreement

- I have disclosed all information that I believe to be relevant
- I will supply an updated form if any of this information changes at any time

<b>Name / Signature of the adult completing the form</b> (a typed name is acceptable if returning by email)	Date:

Please return this form to Angela Aldam (Club Secretary) via email to <u>info@StortfordCanoe.org.uk</u> or on paper at the club