



# 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: [www.StortfordCanoe.org.uk/document-library.html](http://www.StortfordCanoe.org.uk/document-library.html)

## 1. THE PADDLER

<b>Name of the club member who is the subject of this form</b>	<b>Date Of Birth</b>
<b>Member's Address</b>	<b>Post Code</b>

## 2. PERSON COMPLETING THE FORM

<b>Name of the person completing this form (if not the member)</b>
<b>Relationship</b>
<b>Phone number(s)</b>

## 3. ADDITIONAL EMERGENCY CONTACT

<b>Friend/Relative Phone number</b>	<b>Name &amp; Relationship</b>

