



PERSONAL & MEDICAL INFORMATION

In the event of an emergency it is important that the ramble leader has details of an emergency contact for you. Any medical information which could assist if any treatment is required would also be invaluable. All information given will be treated in confidence.

Section 1 – PERSONAL DETAILS

PARTICIPANT	COMMUNICATION DURING ACTIVITY EMERGENCY CONTACT – Please list at least ONE	
Full name: Address: Telephone: Mobile: G.P. (name and phone)	Next of Kin Name: Relationship: Address if different from above: Tel: Work: Mobile:	Next of kin Name: Relationship: Address if different: Tel:..... Work:..... Mobile:.....

Section 2 – PARTICIPANT MEDICAL DATA

(Please complete ALL boxes: Use “NONE” if applicable)

Name of G.P. Surgery address: Telephone Number:	Present treatment by G.P. or Hospital. Please detail:	Present medication being taken: Details: Medication Dosage Frequency:
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Please continue overleaf:

(Please complete ALL boxes: Use "NONE" if applicable)
PARTICIPANT MEDICAL DATA (cont)

<p>Present medical condition which may effect the participants ability to take part and which should be known by a Doctor before treatment e.g. asthma, epilepsy, angina, recent surgery or injury.</p> <p>Please detail:</p>	<p>Know Allergies to Medication: e.g. penicillin Food: e.g. nuts Other: e.g. insect stings</p> <p>Please detail:</p>	<p>Any infectious/contagious diseases – suffered by you or your family in the last 3 months.</p> <p>Please detail:</p>
<p>Last TETANUS injection Please detail:</p>	<p>Any further information you consider important:</p>	

Section 3 – ACKNOWLEDGEMENT

1. I acknowledge receipt of information about the activity(s) and understand the nature of them and the terms of participation.
2. I have received information about insurance that is in place for the activity(s) and understand the scope and limitations of it.
3. I declare that, to the best of my knowledge, I am fit to participate in the activities involved and that the medical information given is accurate. I undertake to notify the organiser if that information changes in any way.
4. I accept that any details not completed or updated is my responsibility entirely. FTDR cannot be held responsible for anything that occurs as a result of any information I have chosen not to disclose.

SIGNED

Please PRINT full name

Date signed