British Canoeing Staff & Athlete Contact, Medical & Emergency Contact Details Form

CONTACT DETAILS

Full Name (as appears on Passport):	**Date of Birth:**
Main Address (where you stay the majority of the time e.g. term-time): **Postcode:**	**Correspondence Address** (if different to Main Address e.g. Parents): **Postcode:**
Home Tel:	**Mobile Tel:**
E-mail:	**National Insurance Number:**
Membership type: BC / SCA / CW / CANI **Membership Number:**	**Membership Expiry date:**
Passport No:	**Passport Expiry Date:**

EMERGENCY CONTACT DETAILS (if under 18, at least one contact should be a parent / guardian)

Contact Name 1:	**Contact Name 2:**
Relation to You:	**Relation to You:**
Address:	**Address:**
Home Tel:	**Home Tel:**
Mobile Tel:	**Mobile Tel:**
E-mail:	**E-mail:**

MEDICAL INFORMATION

Doctors Name:	**Doctors Tel:**
Doctors Address:	**NHS Medical Number:**

Please circle or delete as appropriate, any medical conditions which apply to you.

Epilepsy	**Yes/ No**	**Asthma**	**Yes/ No**
Diabetes	**Yes/ No**	**Recurring Headaches**	**Yes/ No**

Skin Condition	**Yes/ No**	Please specify:
Allergies	**Yes/ No**	Please specify:
Other	**Yes/ No**	Please specify:
Do you consider yourself to have a disability	**Yes/ No**	Please specify:
Can you swim more than 50m?	**Yes/ No**	

Specific Dietary requirements:

If you have answered **yes** to any of the above, please list any medication that you are currently taking, **including Method** (e.g. injection, inhaler), **Dosage and Frequency:**

Please provide any additional information which you think we should know, including details of any known vaccinations which you have had:

MEDICAL CONSENT

I hereby give consent that the bearer of this document may act on my behalf / my child's behalf in the event of a medical emergency. In accordance with the declaration below: (Please delete as appropriate)

a) I give consent for **ANY** medical treatment to be provided in the event of an emergency.

b) I give consent for any medical treatment to be provided **EXCLUDING** (please specify):
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In signing below, I confirm that I am responsible for informing British Canoeing of any personal and medical information and will keep this up to date throughout the year. I am responsible for any errors and omissions to personal and medical information and accept liability for any direct or indirect consequences that might arise from these errors or omissions.

Please sign and date below
(If under 18, this should be completed by your parent/ guardian)

NAME (printed): ……

SIGNED: ……

Name if signing for an U18: ……

DATE: ……