

British Orienteering

Medical & Contact Details

CONFIDENTIAL: This form will be kept for emergency use only. Data will not be transferred to an electronic system.

Please fill in the details requested below; place this in an envelope with your name and British Orienteering ID or School Entry Number on the front. This information is for use only in an emergency.

Your full name (PRINT)			
Your home address			
Your home Postcode		Date of birth	
Your mobile phone no. & network			
Your doctor: name & surgery details			
Medical details	Please list all relevant medical details	Please list all medication you take. If any of the medication is 'life-saving' indicate whether this will be on you (during competition) or in a vehicle.	
In case of emergency, who should we contact?		Relationship of emergency contact to you	Emergency contact number
Signature	Date	Name and relationship if completing on behalf of a child under 16	

