British Orienteering

**Medical & Contact Details**

**CONFIDENTIAL**: this form will be shredded after the orienteering event if you do not claim it back.

Please fill in the details requested below; place this in an envelope with your name on the front. This information is for use only in an emergency.

|  |  |
| --- | --- |
| Your full name (PRINT) | Full name |
| Your home address  | Home address |
| Your home Postcode | Postcode |  | Date of birth | Date of birth |
| Your mobile phone no. & network | Mobile no | Network | Will you be carrying your mobile phone while competing today?**Yes / No** |
| Your doctor: name & surgery details | Doctor name | Surgery address | Surgery tel. no. |
| Your travelling arrangements today | CAR REGISTRATION | CAR COLOUR & MAKE | Travelling companion & mobile no. | Travelling companion & mobile no. |
| Car registration | Car make & colour | NameMobile no. | NameMobile no. |
| **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. |
| Medical details | Medication |
| In case of emergency, who should we contact? | Emergency contact name | Is this person with you today? **Yes / No** | Relationship of emergency contact to you | Emergency contact number |
| Emergency contact name | Relationship of emergency contact to you | Emergency contact number |