



# Medical Form

Applicable to any person attending the event including volunteers & staff

Please complete all of the following sections and bring this form with you to the event on the 26th and 27th November 2019.

Failure to present this form upon arrival may result in exclusion from the event.

**Full name :** .....

**Doctor's name (if known):** .....

**Doctors Surgery:** .....

**Full address:** .....

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**Any known medical conditions:** .....

**Any regularly taken medication:** .....

**Do you give consent for us to provide emergency medical care?** ☐ Yes ☐ No

*Do you give consent for an appropriate medical practitioner to give emergency aid to you/your child. If under 18 in the absence of a parent or nominated other a member of staff will be present while the care is provided. You cannot attend the event if you do not give consent.*

**Primary emergency contact:** .....

**Contact's Home phone number:** .....

**Contact's mobile number:** .....

**Secondary emergency contact:** .....

**Contact's Home phone number:** .....

**Contact's mobile number:** .....

**Signature:** .....