





# Mounts Bay Harriers


## Emergency Contact and Health Form




This form is to be completed by everybody attending Mounts Bay Harriers Running, Triathlon & Athletics Club. If the person is under 18 then the parent or guardian must sign the form. Please answer the following questions as fully as possible. In the event of emergency treatment being required it will help the medical authorities in deciding which is the most appropriate treatment to give. All information given will be treated in the strictest confidence and in accordance with the Data Protection Act

(Please use BLOCK CAPITALS)

<b><u>Athlete</u></b> Surname..... Forenames..... Date of Birth..... Address..... ..... ..... Postcode.....  Mobile.....
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<b><u>In an emergency you should contact the following person</u></b> Name..... Relationship..... Address..... ..... Postcode.....  Daytime.....  Evening.....  Mobile.....
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<b><u>Family Doctors Name &amp; Address</u></b> Name..... Practice..... Address..... ..... Postcode.....  .....
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<b><u>Alternative Emergency Contact</u></b> Name..... Relationship..... Address..... ..... Postcode.....  Daytime.....  Evening.....  Mobile.....
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In the space below please give details of the following:-

- 1) Any known allergies / sensitivities / disabilities and details of any known precautions or remedies (e.g. Penicillin, Food Colourings etc.)
- 2) Does the person named suffer from asthma, chest complaints, wheezing or hay fever, migraine fits or faints or any other illness or disability? \* YES / NO  
(If YES, please give details below)

**All Participants** If it becomes necessary for me to receive medical treatment, I hereby give my general consent to any necessary medical treatment and authorise the organisers to sign any document required by the hospital authorities.

Signature of athlete

Date

**Under 18s** If it becomes necessary for my child to receive medical treatment and I cannot be contacted by telephone or any other means to authorise this, I hereby give my general consent to any necessary medical treatment and authorise the organisers to sign any document required by the hospital authorities.

Name of parent / guardian

Relationship

Signature of parent / guardian

Date

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Please return completed form to Mounts Bay Harriers Running, Triathlon & Athletics Club, c/o Sue Matthews, 13 Sona Merg Close, Heamoor, Penzance. TR18 3QL