



RICKMANSWORTH SAILING CLUB

Troy Lake West Hyde Rickmansworth Hertfordshire WD3 9YB

Member Information for use in an Emergency

Note: ONE Form per member is required

In case of an emergency and as part of the Clubs responsibility to its membership, ALL members are requested to complete this medical information form as accurately as possible. This is of the utmost importance if you are likely to be at the Club alone and/or without any other member of your family with you.

These details will be held in a secure box with access restricted to authorised club officers only, but may be passed to the emergency services if required.

Please type or complete in BLOCK CAPITALS

Boxes marked with an * MUST be completed please, others are optional but desirable

*FULL NAME		*DOB	
*ADDRESS			
*ADDRESS		*POSTCODE	
*NAME of NEXT OF KIN or OTHER CONTACT		YOUR NHS No.	
*RELATIONSHIP (If any)		*PREFERRED PHONE No.	
GPs NAME		PHONE	
SURGERY			
*As far as you know, are you allergic to any drugs?	If so, please state here:		
Are you taking any regular medication? If so, for what reason?	If so, please state here:		
Do you have any long term illnesses or injuries?	If so, please state here:		
Do you have any of these disabilities?	<input type="checkbox"/> Deaf - completely <input type="checkbox"/> Hearing impaired <input type="checkbox"/> Visually impaired <input type="checkbox"/> Physical disability <i>If ticked, please add further information here</i>		
Declaration	I consider myself (my son/daughter) to be physically fit and capable of full participation and agree to notify the Club of any changes to the medical information provided. Furthermore, in the event that I am injured I give my permission (for my son/daughter) for the senior club officer present to obtain medical treatment on my behalf. I also consent to the details on this form being handed to the emergency services if required and for my next of kin to be contacted by the Club / Emergency Services.		
Signed		Date	
Additional comments:			

When completed please return the signed form to:

Celia Tobin, Membership Secretary, Field View, 2 Old Mead, Chalfont St Peter, Buckinghamshire SL9 0SE

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