CHESTER RIVERSIDE CANOE CLUB – ADULT MEDICAL FORM

Event Date

|  |  |
| --- | --- |
| **PLEASE READ CAREFULLY:**  As a paddler I have had the activities of the club explained and agree to taking part in these activities (PLEASE SEE A COACH OR COMMITTEE MEMBER IF YOU ARE UNSURE)  As a paddler or non paddler :  I consent to receiving medical treatment in case of an emergency;  I understand that the club and organisers accept no responsibility for loss, damage or injury caused by or during attendance on any of the club’s organised activities;  I confirm to the best of my knowledge that I do not suffer from any medical condition other than those listed; | It is in your interest that the organisers/coaches should know whether you suffer from ANY illness or medical condition. Please use the space below to state in confidence any health or other matter concerning you that club organisers/activity leaders should be aware of;  Please indicate if you are receiving any medication, with details and dosage. This medication needs to be clearly labelled and kept securely out of reach of children.  You can pass this signed document to the activity First Aider in a sealed envelope, only to be opened in the event of an emergency, however if paddling, coaches will need to be aware of any medical conditions that may affect your paddling ability. |

**Canoe England – “Canoeing/kayaking is a dangerous sport”**

I, .......................................................................................... (name) have noted the above information

Name of Emergency Contact and their phone number …………..........................…………………………….....

.........................................……………….........................................………………............................................

Doctor’s Name & Contact Details ……………………………………………………………..............................…………

………………………………………………………………………………………………………………………………………………………......

Details of any medication currently being taken ………………………………………………………………………..........

………………………………………………………………………………………………………………………………………………………......

.................................................................................................................................................................

Details of any disabilities, conditions, allergies, special needs or cultural needs that might affect the event: …………………………..………………………………………………………………………………………………………………………………

................................................................................................................................................................

Signed …………………………………………………………………………….........................……. Date ………...……………....

*Please use the back of this form if you require more space.*