

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	Name Mobile no.	Name Mobile 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