

triathlonscotland General Medical Information Form

The following information and consent is requested to ensure the health and well being of children and vulnerable adults participating in triathlonscotland activities. This information is confidential and will only be used to safeguard and promote the child/vulnerable adult's health and well being should the need arise.

Name

Address

Postcode

Tel.

Date of birth

Age

Name of General Practitioner

Surgery address

Tel.

Health history

Please indicate appropriate response and give further information where necessary;

Does the above named have any pre-existing medical conditions which may affect their participation in sport/other activities?

Y N Details;

Do they take any regular medication or receive any regular treatment? (including e.g. inhalers for asthma, topical creams or herbal preparations)

Y N Details;

Do they have any allergies?

Y N Details;

Any other relevant information e.g. previous surgery;

Does your child have any special dietary requirements?

Y N Details;

Tetanus status; has the above named received the full course of vaccinations per UK schedule? (normally given as 3 injections in first year of life, pre school booster and booster approx 14/15yrs age).

Y N If no, please state if you consent to vaccination if need arises.

Emergency Contact Details

In the event of an accident, every reasonable attempt will be made to contact you as soon as possible. Please supply contact details for 2 people (with parental responsibility if possible see notes Appendix***)

Contact 1

Contact 2

Forename

Surname

Address

Telephone numbers;

Home

Work

Mobile

Relationship to participant

In the event of an emergency, I would like a religious minister/faith leader to be contacted;

Y N please give details of religious belief / denomination.

Consent

Child / Vulnerable adult (optional)

I consent to receiving medical treatment, including anaesthetic, which the medical authorities present consider necessary.

Signature

Date

Print name

Parent / Legal guardian / Carer

I consent to..... Receiving medical treatment, including anaesthetic, which medical authorities present consider necessary. I undertake to inform triathlonscotland should any of the above information contained in this form change

Signature

Date

Print name

Relationship to above named

