

Kingston Kayak Club Medical Needs Form

Under the Data Protection Act 1998 we are required to inform you that this information will be kept on file for reference if required.

Please inform the membership secretary if there any changes

Members Name	
Date of Birth	
Address	
Current Medical Condition(s) Please give details as appropriate and any treatment / medication	
Please provide any other relevant information we should know which could affect our ability to work with you / your child effectively	
Emergency Contact Name Relationship Address Contact Number	
GPs Name Contact Number	

I give my permission for Kingston Kayak Club to share this information with club coaches that may be involved in activities that I or my child participates in, if the committee consider it to be in the best interest of the person named on this form

Signed	Date
Club Member/Parent or Carer	