

LINCOLN CANOE CLUB

Medical Declaration Form



This form is to be completed by anyone wishing to join Lincoln Canoe Club who has a disability or medical condition that may affect their safety while taking part in club activities.

Name Date of Birth

Address

..... Post Code

Tel.: Home Mobile:

Do you consider yourself to have a disability within the meaning of the Disability Discrimination Act 1995? * YES / NO

Do you suffer from any allergies? YES / NO

Are you taking any medication? YES / NO

Are there any foods that you do not eat? YES / NO

If the answer to any of these questions is Yes, please explain overleaf and, where appropriate, list any medications taken and the condition being treated

I declare that the information given is correct.
I consent to any treatment, which might be necessary in the event of illness or accident where EMERGENCY action must be taken.

Signature of paddler. Date.

Signature of parent/guardian Date.

(If U18)

Full name of parent/guardian.....

Telephone: Home..... Mobile.....

Emergency contact name. Tel. No..

* The Disability Discrimination Act 1995 defines a disabled person as someone who has a physical or mental impairment, which has a substantial and adverse long-term effect on his/her ability to carry out normal day-to-day activities. Conditions covered may include, for example, dyslexia, diabetes, epilepsy, arthritis and severe depression.

Medical and supplementary information:

<u>Disability</u>	
<u>Allergy</u>	
<u>Medication / Condition</u>	
<u>Dietry Requirements</u>	
Is there any other information about the paddler which affects their ability to participate in canoeing and which should be known by the club coaches?	