

Medical / Disability Information Form



Please complete one of these forms for each person with a disability/medical condition

Please report any medical condition or disability which could affect the member(s) when taking part in club activities. This is not restricted to physical disabilities; for example an allergy that might affect you during a club trip is relevant for us to know about.

Note - this information may be shared with club coaches /officials running club events however you are asked to ensure the person running an event is reminded of the above information before the start of a new activity.

This information is needed so club coaches are aware of any precautions, medication needs, indicators that you might be unwell, aids and adjustments required, and the best methods to support you so that the fullest possible participation can be safely enjoyed by all club members.

Name :- _____

Condition:- _____

In what way might this affect you:-

Should you suffer a medical problem whilst on a club event what action should be taken by those around you?

Please add any other information you consider useful, such as how you cope with difficulties or support you might need :-

Signed :- _____ date _____

Parent or guardian to sign if applicant is under 18.

Our club Disability Officer is available to discuss any concerns or support needs. He might contact you if there are any questions raised by the information you declare on this form. His contact details are disabilityofficer@riiblecanooclub.co.uk