



EMERGENCY CONTACT FORM

Completion of this form is optional but, should an emergency arise at any of the meetings you attend, you may wish to have the reassurance of knowing that essential information concerning allergies, medications etc., can be passed on to paramedics and health professionals and that your next of kin can be informed. All information will be kept in accordance with General Data Protection Regulations and shared only as required. At least one member of the Committee will have this information with them when in attendance at a General Meeting and you may wish to give a copy of this form to your Group Leader(s) as we will not automatically do this.

YOUR NAME: **MEMBERSHIP NO:**

NEXT OF KIN: -

(i) Name: Tel No(s).....

Relationship:

(ii) Name: Tel No(s).....

Relationship:

(iil) Name: Tel No(s).....

Relationship:

MEDICAL INFORMATION: (medications/allergies/any health condition that needs to be noted by health professionals)

.....
.....
.....

PLEASE LIST ANY MEDICATIONS YOU CARRY WITH YOU NEEDED FOR EMERGENCIES AND WHERE THEY ARE KEPT (Trouser pocket/handbag.....)

.....
.....
.....