



EAST YORKSHIRE CANOE CLUB - MEDICAL NEEDS FORM

Member's full name:	
Date of Birth:	
Address:	
Current medical conditions: (please give details and any treatment/ medication)	
Please provide any other relevant information that the club should be aware of which may affect the club's ability to work with you or your child (any disability):	
Emergency contact name & number: Relationship (mother/ father/ carer etc.) Address (If different from above) Contact number(s)	
GP's Name/ Practice: Contact number:	

I give permission for the East Yorkshire Canoe Club (EYCC) to share this information with club coaches and trip organisers that may be involved in activities that I or my child participates in, if the committee considers it to be in the best interest of the named person.

Under the Data Protection Act 2018 the club is required to inform you that this information will be kept on file for reference if required.

**Please inform the Membership Secretary of any changes. (It is your responsibility.)
Also remind or update the EYCC coaches about any medical needs at pond sessions or events so they are fully aware of any requirements.**

Signed	Date
Club Member Name (BLOCK CAPITALS)	
Under 18s to be signed by Parent/ Guardian/ Carer	

Note: Failure to supply a fully completed EYCC medical form may prevent access to pond sessions and club trips as we cannot make provision in case of emergencies.