

APPENDIX FOUR

Medical Form

Name _____ Date of Birth _____

Address _____

_____ Tel No. _____

1. Have you had any serious operations or serious illnesses in the past? If so, please specify or state Not Applicable.

2. Are you currently taking any medication, either from your doctor or self-administered? If yes, please specify or state Not Applicable.

3. Have you any known allergies? If yes, please specify or state Not Applicable.

4. Any other information.

Medication	Dosage	Frequency

5. Name, address and telephone number of your doctor

6. Name, address and telephone number of your next of kin

7. Have you been diagnosed by your doctor or health professional with any of the following medical conditions below?

Heart disease		High blood pressure		Emphysema / bronchitis		Diabetes		Asthma	
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Declaration: I understand that if I have answered 'Yes' to one or more of the above questions, I should seek medical advice before taking part in Yorkshire 3 Peaks. I agree to tell Railway Children if there is a change in my medical condition. I also understand that the walk is of a strenuous nature and that I am responsible for any medication that I may require for an establish health related issue and that I understand that this information will be shared with the organiser (Kuta Outdoors) and that I walk at my own risk. I give permission to Kuta Outdoors, the organisations first aid trained staff and or marshals to provide first aid should it be required. I am also aware that if I have medication it is my responsibility to inform the event organisers where that medication is located during the event (Epi pens / Inhalers / other) and that Kuta Outdoors will not prescribe any medication under any circumstances.

I also accept that it is my responsibility to inform Railway Children of any other medical related matter (including pregnancy) that may affect me on a strenuous physical challenge.

Signed: _____ Date: _____