

**LOPC Teaching Orienteering Part 1
Course
MEDICAL FORM**



TEACHING ORIENTEERING

Notes Medical forms will be kept for the duration of the course and shredded immediately following the course.

PLEASE COMPLETE IN BLOCK CAPITALS

Date of Course: 13th October 2009 Venue: LOPC Course Tutor: P Olivant

Candidate's Full Name: **D.O.B**

Address:.....
.....

Name and contact address of **Next of Kin:** Name and contact address of **Doctor:**

.....
.....

Telephone..... Telephone

Any medical conditions, treatment, medication, allergies or any other relevant information? (e.g. must carry inhaler at all times, takes tablets daily, hay fever sufferer etc.)
.....

Any special dietary requirements?

I acknowledge receipt of, and understand all of, the published information regarding the proposed activity.

Signed:..... Date:.....