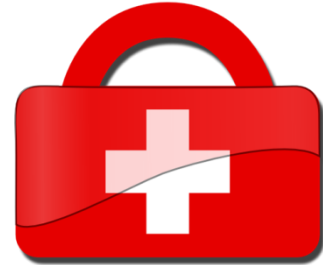




U3A Wynyard Medical Information form



Please complete all sections of this form.

a) if you have a medical condition/s which may require assistance during the period of your U3A participation. Complete sections 1 & 2, tick sections 3 &4; and sign.

b) If you have no such condition/s. Complete section 1, write NOT APPLICABLE in Section 2, tick sections 3 & 4 and sign.

1. Name

Name of emergency contact:.....

Contact no for emergency contact:.....

2. Medical condition/s which are relevant / assistance required:

Examples Anaphylaxis response to jack jumper bites / use epi pen which is in my handbag

Epilepsy / stabilised/ no emergency treatment required

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

3. I accept responsibility for my personal safety while participating in U3A Wynyard activities.

4. I give permission for my U3A tutor and/or classmates to render assistance, and/or to call an ambulance.

Signed: Date:.....

This form will be kept on file for the duration of your membership, and will be destroyed afterwards. It will be used only for the purpose of informing tutors.