



U3A Wynyard Medical Information form



Please complete all sections of this form.

Name .....

Name of emergency contact:..... contact no: .....

I have no relevant medical conditions

OR I have medical condition/s which are relevant, and the immediate first aid assistance required as per the examples below:

Medical condition	Immediate first aid response required
Diabetes	Hypo (low) if dizzy, nauseous, irrational - give sweet drink Hyper (high) if thirsty, breathless - ring 000 immediately
Allergic to jack jumper bites	use epi pen which is in my handbag
Pace maker installed	Ring 000 immediately

Medical condition	Immediate first aid response required

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

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

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.