



**CONFIDENTIAL**

**CARMARTHESHIRE DISABLED SPORTS AND ACTIVITIES CLUB**

*We want you to enjoy the time you spend at Carmarthenshire Disabled Sports and Activities Clubs in the confidence that, should a medical emergency arise, the Club's Staff will be able to offer appropriate and prompt assistance.*

*With this in mind, we would urge that, in the first instance, you consult your G.P. prior to joining in the sports and making use of the exercise facilities, so that he/she is fully aware of your intentions..*

*While we are confident that you will enjoy your experiences and look forward to returning in the future, can we ask you to help us by compile some information by completing this form?*

*We appreciate that the information is requested is confidential, but we would assure you that the details will be handled discreetly and sensitively, and the personal information on your form will only be retrieved in the event of a medical emergency, and then only divulged to paramedics in attendance, or to Hospital Staff, should the situation require prompt referral there.*

*Typically, we need to know whether you are diabetic, etc., or need medication for any condition, and if so, the current medication and dosage prescribed, and we want you to keep your form updated should your medication and or dosage ever be changed.*

*I trust you will appreciate why we are making this request, as your interests are paramount.*

**MR/MRS/MISS/MS (Please circle as appropriate)**

**Name :-**

**ADDRESS :-**

**POSTCODE**

**DATE OF BIRTH**

**EMERGENCY CONTACTS**

**(1) Name**

**Telephone Number**

**(2) Name**

**Telephone Number**

<b><u>NATURE OF DISABILITY AND ANY ILLNESS</u></b>	
<b><u>MOBILITY INFORMATION eg Wheelchair User, uses walking frame etc</u></b>	
<b><u>NAME OF G.P :-</u></b>	
<b><u>ADDRESS OF G.P :-</u></b>	
<b><u>TELEPHONE NO</u></b>	
<b><u>PLEASE PROVIDE A PRINT OUT FROM YOUR G.P OF MEDICATION TAKEN AND INFORM OF ANY CHANGES A.S.A.P( In case an ambulance has to be called . This will help the paramedics and/ or hospital.)</u></b>	
<b><u>SPECIAL CONSIDERATATION- INFORMATION FOR STAFF FOR FIRST AID, PERSONAL HYGIENE ETC :-</u></b>	
<b><u>SPECIAL DIETARY REQUIREMENTS :-</u></b>	
<b><u>ACTIVITIES OF SPECIAL INTEREST :-</u></b>	
<b><u>SIGNED :-</u></b>	<b><u>DATE :-</u></b>
<b><u>DESIGNATION :-</u></b>	

*Is - Adran Hamdden*  
**Amser Hamdden**