



BOSTON & DISTRICT U3A

WALKING GROUP: YOUR PERSONAL INFORMATION.

The U3A respects your personal privacy. However, when you join an organised walk the Group Leader has a legal responsibility for your safety.

Please complete this form and place it in a sealed envelope. Please carry the envelope in your rucksack or in a securely zipped pocket in your anorak or jacket.

It will only be opened in a medical emergency in which you become unconscious or appear to be seriously ill.

First Name: _____ Surname. _____

Address: _____

Post Code: _____

Name of Emergency Contact: _____

Emergency Contact's Telephone Number: _____

Details of Known Medical Condition: _____

If you have any regular prescribed medication then please include details as this information can often help emergency services to give you the most appropriate treatment.