

**BURTON-ON-TRENT u3a**

**CONFIDENTIAL PERSONAL INFORMATION FOR EMERGENCY USE ONLY**

Please fill in the details below and place in a sealed envelope to be handed to the outing organiser on boarding the coach. This will only be used in the event of an emergency where a medical practitioner needed to be involved. Otherwise, it will be returned to you unopened at the end of the outing/holiday.

Full name..... D.O.B.....

Name, address, phone number of the person to contact in the event of an emergency.....

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Name and phone number of your Doctor.....

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Are you taking any medication?.....If so please list.....

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Are you allergic to anything?.....

Do you carry an antidote?..... Where?.....

Have you suffered loss of consciousness with little or no warning?.....When?.....

If so, what was the diagnosis?.....

Please state any condition for which you have received treatment, in hospital or not, in the last 6 months

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Was there any suggestion that the problem might recur?.....

Please add any further information that might help, below or overleaf.....