

Oadby Hillwalking Club

Emergency Personal Information

Surname

Firstname

Address

Allergies

Medical conditions

Current medication

Your Doctor

Name

Address

Telephone Number

Emergency Contact

Name

Address

Telephone Number

Relationship

Please complete this form and carry it in the top pocket of your rucksack whenever you walk with the club. It will help us to help you in the event of accident or illness.

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