KLEIN KAROO HIKING CLUB (KKHC)

CONFIDENTIAL MEDICAL FORM

This form must be completed for each person participating in activities of the KKHC. The information is only for the information of the organiser and will be treated as confidential.

Activity: _____

Date of activity: _____

Name of Participant: _____

Identity number of participant: _____

MEDICAL INFORMATION OF THE PARTICIPANT

1. Do you suffer from any medical condition (e.g. heart disease, high blood pressure, diabetes, asthma, arthritis, pregnancy etc.) that can be aggravated or affected by physical activity?

   _____

2. Do you have any allergies (e.g. to bee stings, penicillin, certain foods)?

   _____

3. Is there anything regarding your health that is not mentioned above that medical personnel should be aware of in an emergency?

   _____

   _____

   _____

4. In case of emergency: Contact person: _____

   Contact number: _____

6. Medical scheme: Name of scheme: _____

   Member number: _____

   Emergency contact number of the fund: _____

I declare that the information above is correct and that I or my minor participating child will provide for the above-mentioned medical care during the particular activity. I indemnify the KKVK and the organiser(s) of the activity from taking any responsibility in respect of the abovementioned medical care or any practical or financial implications thereof.

_____ _____

SIGNATURE **DATE**