



Emergency Contact name: _____

Emergency Contact number: _____

Emergency Contact email: _____

Do you have any allergies: Yes/No (please indicate)

If yes, please specify:

Do you require any medication to be held on site: Yes/No (please indicate). If yes, please specify:

Do you have any medical conditions that may affect you whilst with us: Yes/No (please indicate)

If yes, please specify:

What action should we take should your condition affect you (please indicate):

Do you require any medication to be held on site: Yes/No (please indicate). If yes, please specify:

Please sign and date below to confirm you have read this information:

Name: _____

Signature: _____

Contact number: _____

Date: _____

Please refer to the TAMAT Data Protection Policy regarding how your personal data is handled.