

Medical Information Form

To be completed by parents/carers on behalf of Phoenix Tri-MK members.

Please delete 'Yes' or 'No' as appropriate and complete further details as necessary.

Members Name:	
Members Date of Birth:	

The **Equality Act 2010** defines a disabled person as anyone with a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on his or her ability to carry out normal daily activities.

Do you consider this child to have an impairment?	Yes	No
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If yes, what is the nature of their disability (*please tick the relevant box*)?

Visual Impairment	<input type="checkbox"/>
Learning disability	<input type="checkbox"/>
Hearing impairment	<input type="checkbox"/>
Physical disability	<input type="checkbox"/>
Multiple disability	<input type="checkbox"/>
Other (please specify)	

Medical Information: Please detail any important medical information that Phoenix Tri-MK should know in relation to the named member such as allergies or medical conditions, current medication, injuries etc.

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Name of members doctor and surgery:	
Doctors Telephone Number:	

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I understand that, in compliance with the **Data Protection Act 1998**, all efforts will be made to ensure that this information is accurate, kept up to date and secure and that it is used only in connection with the purpose and activities of the Phoenix Tri-MK.

Information will not be kept once a person is no longer a member of Phoenix Tri-MK.

The information will be disclosed only to those members of Phoenix Tri-MK for whom it is appropriate.

Signed:	
Date:	
Print Name:	
Relationship to Named Member:	



TRI-MIK