

O.I.S.A.A

MEDICAL / NEXT OF KIN REGISTRATION FORM

In case of an emergency it is essential that you complete the following form providing as much information as possible. Please be aware that this form will be sealed in an envelope and will only be opened in case of emergency. At the conclusion of the days fishing it will be returned to you. Your assistance in this matter is greatly appreciated.

Your Name :-

Full Name of Next of Kin (NOK)

Secondary named Point of Contact if possible

Full Address of NOK to include postcode

Tel No for NOK to include dialing code

Mobile number for NOK

Tel No for Secondary POC

MEDICAL SECTION

Any Known Medical Conditions, IE, **Asthma, Diabetes, Heart Condition, Angina.**

Please record conditions here giving a brief resume of any **first aid treatments** required in case of emergency, can you also include any **medications you may be on and dosage**, any **undiagnosed hereditary conditions** may also be included here.

Do you have said medication on your person, if **YES** where can it be found?

Thank you for taking the time to complete this essential form.

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