



.....  
.....  
.....  
.....  
.....  
.....

**3. Do you regularly and/or currently use any form of medication? If so please give details below:**

.....  
.....  
.....

**4. Have you ever suffered from asthma? If so,**

- a) When was the last time you needed hospital treatment? .....
- b) When was the last time you needed steroid tablets? .....
- c) What medication/inhalers do you use? .....

**5. Please give name and phone number of emergency contact:**

.....  
.....  
.....Home No:.....Mobile No:.....

**IMPORTANT – PLEASE READ CAREFULLY BEFORE SIGNING**

- ⌚ In the event of an accident or illness whilst on the trip, I hereby give permission for London2Bournemouth event medical service to initiate medical treatment and to inform my next of kin/emergency contact if appropriate.
- ⌚ To the best of my knowledge I confirm that my mental and physical health and fitness is good and that the information I have provided in this questionnaire is a true and accurate description of my medical history and current condition. I understand that by giving false information I endanger both my own safety and that of others on the trip. I agree to take with me sufficient supplies of medication needed for my current medical condition and for any condition which I have had previously which may reasonably be expected to re-occur.
- ⌚ I understand that London2Bournemouth cannot accept any liability or expenses resulting from any illness, injury or other untoward occurrence arising from any undisclosed medical condition (other than to the extent that death or personal injury arises as a result of its negligence).
- ⌚ I confirm that I will inform London2Bournemouth of any change to the information I have provided on this medical questionnaire.

**SIGNED:** ..... **DATE:** .....