

MEDICAL INFORMATION

By displaying this number you are agreeing to abide by the safety requirements & rules as set out in the Runners Information

Only the runner to whom it is registered must wear this number

In Case of Emergency on Race Day

Runners Name:

Person to Contact:

Contact phone number:

In this space, please note down clearly any information that may be essential in an emergency:

i.e. Medication currently being taken, any allergies, deafness etc.

PLEASE USE PERMANENT MARKER PEN WHEN FILLING IN THIS FORM

Ref/br/RR-PST
AUGUST 2004