

BROMPTON CYCLING FESTIVAL - MEDICAL INFORMATION FORM

PLEASE COMPLETE THIS FORM, PRINT AND CARRY IT WITH YOU ON THE EVENT IF YOU
HAVE ANY MEDICAL CONDITION THAT MIGHT BE HELPFUL TO THE MEDICAL TEAM

<i>Name & Race number</i>	
<i>Next of Kin; name & contact details</i>	
<i>Medical problems (e.g. heart disease, asthma, diabetes)</i>	
<i>Current Medication</i>	
<i>Medication Allergies</i>	
<i>Other details</i>	

