*Download the latest from the web: rotary9970.org.nz*

Youth Exchange Medical Form – rye9970

*Please provide the following information to the District Chair and/or the chosen Medical Expert for the Event.*

*If we are not aware of a problem we cannot help you.* ***All responses will remain confidential****.*

**Form to be completed prior to event start. Email to RYE Chair: rye.chair@rotary9970.org.nz**

This form is for your safety, and our risk management of the event.

It is mandatory that this form is on file with the event and can be accessed if needed.

**Participant's name**:       Cell Number:

**Emergency Contact Numbers**:

1) Name:       Phone:

2) Names:       Phone:

Do You Have Any **Medical Issues?**

Yes:  or No:

CONDITIONS: & if you require medication.

Condition:       Require Medication: Yes:  or No:  Name:       Qty:       per day.

Condition:       Require Medication: Yes:  or No:  Name:       Qty:       per day.

Condition:       Require Medication: Yes:  or No:  Name:       Qty:       per day.

Condition:       Require Medication: Yes:  or No:  Name:       Qty:       per day.

ALLERGIES:

Are you allergic to anything that will require medical response? Yes:  or No:

Alergic to:       Remedy:       Severity: Mild  or Serious  or Life Threatning

Alergic to:       Remedy:       Severity: Mild  or Serious  or Life Threatning

Where do you normally keep your medication(s)?

**Other Comments:**

Please make any other relevant comments.

*Thank you from the 9970 RYE team.*

*Murray Butler*

*027 445 9191*

*120 Kawai Street, Nelson, 7010*