

**Emergency contact information during an Adult Training Course**  
Information given will be treated with complete confidence.

Please bring this form with you to the course.

**Date:**

**Your Name:** .....

**Address & Postcode:** .....

.....

**Your Phone Number:** .....

**Emergency Contact's name:** .....

**Address:** .....

**Emergency Contact's Phone Number(s)**

**Home:** .....

**Work:** .....

**Mobile:** .....

**Your Doctor's Name:** .....

**Contact Number:** .....

**Details of medication, illnesses, allergies, etc.....**