BRITISH CANOEING
**DECLARATION OF MEDICAL COMPLICATIONS & EMERGENCY MEASURES**

I,  , wish to compete in BC Paracanoe events.
(please print full name)

I understand that the BC requires me to state any known medical conditions that may compromise my safety on the water. I understand that I must state the current management for my condition(s).

Possible Medical Complications:

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Steps to take should these occur:

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All medication is as follows:

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| **Athlete Name** |  | **Date** |  |
| --- | --- | --- | --- |
| **Athlete Signature** |  |

Where the athlete is under 18:

| **Parent/Guardian Name** |  | **Date** |  |
| --- | --- | --- | --- |
| **Parent/Guardian Signature** |  |

| **Witness Name** |  | **Date** |  |
| --- | --- | --- | --- |
| **Witness Signature** |  |

Please send your completed form to classification@britishcanoeing.org.uk