MERIDEN SANTA FUN RUN

29 NOVEMBER 2026

MEDICAL RECORD

Please complete this form and carry it on your person during the event.
It will help our first-aiders to help you in case of a medical problem.
<u>This is important especially if you have any medical condition.</u>

Full name of participant	
Full name of next of kin	
Contact details *Enter the full address of the person to be contacted in case of an emergency Including the post code*	
Telephone number	
Medical problems *e.g. heart disease, asthma, diabetes, anticoagulant, etc.*	
Current medication	
Medical allergies	
Any other details	