



Information about medical conditions, allergies, intolerances and medications is collected for your safety. In the event of a medical emergency, this information may be vital in helping your personal trainer respond appropriately and provide attending paramedics or other health care professionals with relevant information about your health, allergies and medications.

Emergency Contact Details (list as many people as you deem necessary, their full names and phone numbers)

Known Medical Conditions:

Known Allergies, Intolerances & Triggers:

Medications:

Medical Interventions (attach your medical condition management plan (eg: asthma, epilepsy, diabetes), written medical advice, medication (eg jellybeans, antihistamines), epi-pen, electrolytes, asthma inhaler, joint brace, medical grade face mask)

I agree:

1. to allow emergency services access to the premise by NOT parking in the driveway
2. that I do not have a medical device or condition where a defibrillator should NOT be used
3. to bring all known relevant medical interventions to my sessions as advised by my treating medical practitioner
4. to inform my personal trainer about potential medical issues that could arise due to my known conditions (physical and/or psychological) and provide written medical advice about how to manage my condition/s should a situation arise
5. to my personal trainer providing information contained in this Agreement to my emergency contacts and first responders

