**West Highland Way Race**

**Support and Medical Details**

This form must be completed and emailed to [ianbeattie@westhighlandwayrace.org](mailto:ianbeattie@westhighlandwayrace.org) by Fri 31 May

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| --- | --- | --- | --- |
| Full Name: |  | Estimated time to complete race: |  |
|  |  |  |  |
| Name of First Support Person: |  | Mobile phone number of first support person: |  |
|  |  |  |  |
| Name of Second Support Person: |  | Mobile phone number of second support person: |  |
|  |  |  |  |
| Name and mobile phone number of any other support people: |  | | |

|  |  |
| --- | --- |
| Medical History: Do you have previous history of: heart problems, irregular heart beat, high blood pressure, diabetes, asthma or lung problems, epilepsy, kidney problems, low sodium levels, susceptibility to heat stroke, collapsing during, at the end of, or soon after an event?  If you answered YES to Medical History question, please give details: | Yes/No |
| Do you take any medication?  If you answered YES to medication question, please give details | Yes/No |
| Do you have any allergies either to medicines, nuts or bee/wasp stings?  If you answered YES to the allergies question, please give details | Yes/No |