

MERIDEN SANTA FUN RUN

30 NOVEMBER 2025



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.

This is important especially if you have any medical condition.

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