

Medical armband	
Name	
Age	Date of birth
School	
Team manager	
Team manager phone no	
Parent/guardian name	
Are they attending this event?	
Parent guardian phone number	
Stable / yard number	Showground or Racecourse?
Any information that may assist paramedic Eg. diabetic, wearing contact lenses, hearing, allergies, medication, blood group	

Fold and insert into armband holder