

## Dolen Cymru Next of Kin Sheet

Name:

Date of Birth:

Address in UK:

Email:

Tel:

Allergies:

Blood group:

Name of next of kin and relation to you:

Contact e-mail address for next of Kin:

Contact telephone number(s) for next of kin:

Day	Evening

Address of next of kin:

This person nominated by you will be contacted by Dolen Cymru in the event of an emergency, not necessarily by first seeking your permission. Please sign to say that you agree to this: \_\_\_\_\_ Date: \_\_\_\_\_