MEDICAL ASSESSMENT FORM FOR BRITISH ARTIFICIAL SEEDING COMPETITIONS

The Organising Committee for each competition must fill in the assessment form below prior to the commencement of Training at a Competition.

THE COMPLETED FORM MUST BE EMAILED TO THE HNGB or MEMBER GROUP RESPONSIBLE PRIOR TO THE START OF THE EVENT and posted on the official noticeboard or distributed at the team captains meeting.

Event Venue	Norfolk Snowsports Club	**CoR**	
Event Dates	05/09/2021	**Event Status**	**SL Norfolk 2021**
Event Doctor *(if appropriate)*	N/A	Phone: +44.....	
First Aid provided by name:	St Johns Ambulance	~~First aid~~er or Paramedic *delete as appropriate*	
Local Surgery or NHS 'walk-in' centre ***(if appropriate)***	**Address:** NHS Walk In Centre, Rouen House, Rouen Rd, Norwich NR1 1RB **Phone:** 01603 677500 **From Venue:** 5 min 1.5 miles with car **Directions** :	**Level of Care:** Basic first aid	
Hospital	**Address:** Norfolk and Norwich University Hospitals NHS Foundation Trust Colney Lane, Norwich, NR4 7UY **Phone:** 01603 286286 **From Venue:** 15 min 6 miles with ambulance/car **Directions** : Head to A47 westbound. Signposted Exit at A11 Junction. Follow signage.	**Level of Care:** Accident & Emergency Department	
Pharmacy	**Address:** Boots, Riverside Retail Park, NR1 1WR **Phone:** 01603 662894 **From Venue:** 6 min 1.5 miles with car **Directions:**	**Level of Care:** Pharmacist	

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Slope patrol	**In contact by** Maintenance Staff on site	**Slope patrol** on-site during racing **Yes**~~/No~~
Ambulance	**In contact by phone 999 or +44**	**Location** Norwich Hospital **From Venue:** 7 minutes km
Slope accident Protocol	**First aid are located at: Blue post half way up the main slope on the right.** **Doctor located at: N/A** **In contact by: Radio/PA**	**1.** Paramedic to attend person and assess **2. Person moved to first aid area in club house if able or Await ambulance to move person on stretcher.** *(Advice based on acuity of injury and consultation with parent/coach.)* **7.** TD completes accident form or notes on report.
Crowd / Public Protocol ***Only if different from above***	**First aid are located at: On Blue run half way up main slope on the right.** **Doctor located at:** N/A **In contact by: Radio/PA**	All as above
Back up plan		**Please note that as described in the event Invitation Bulletin, Masks are required to be worn inside the clubhouse building at all times and also in the lift queues and on the lifts**

The Medical arrangements fully meet the criteria for BARTS competitions				**Yes** If no identify issue below
Description	**Yes/No**	**Complies fully with Rule 1? Y/N**	**Degree of compliance 1-5 (where 5 = fully in place)**	**If not fully complied, reason**
Signed:		**Chief of Race**		**Date:** **06.08.21**

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The plan should be should be discussed on setting up contract with venue and prior to publication of acceptance bulletin – the document should be agreed and signed by Chief of Race/Medical Director and Chief of Course plus TD (if applicable).

Please email completed forms to sponsoring member group.