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	Snozone Milton Keynes	**CoR**	Calum Shepherd
Event Dates	26th-27th March 2025	**Event Status**	BUCS (unseeded)
Event Doctor *(if appropriate)*	BUCS Doctor (appointment TBC)	Phone: TBC on appointment Contactable via radio	
First Aid provided by name:	RTC Medical (Level 5 Ambulance, Paramedic + EMT, inc CD's)	~~First aider or~~ Paramedic *delete as appropriate*	
Local Surgery or NHS 'walk-in' centre *(if appropriate)*	**Address:** Fishermead Medical Centre, Fishermead Blvd, Fishermead, Milton Keynes, MK6 2LR **Phone:** +44 1908 609240 **From Venue:** 4 min (0.8 mi) by ambulance/car **Directions:** S on Secklow/Pentewan Gate	**Level of Care:** Open 07:30-20:15 Wed, 08:00-18:30 Thu	
Hospital	**Address:** Milton Keynes University Hospital, Standing Way, Eaglestone, Milton Keynes, MK6 5LD **Phone:** +44 1908 660033 **From Venue:** 8 min (2.3 mi) by ambulance/car **Directions:** Via Saxon St or B4034 to Standing Wy	**Level of Care:** A&E, x-rays/MRI, ICU, pharmacy	
Pharmacy	**Address:** Superdrug/Boots, Centre:mk, MK9 3AH **Phone:** +44 1908 673271/+44 1908 607327 **From Venue:** 3 min (0.4 mi) with by car **Directions:** 1 jct. N on Secklow Gate	**Level of Care:** Self-medication & prescriptions, pharmacists on-site	
Slope patrol	**In contact** by radio	**Slope patrol** on-site during racing Yes~~/No~~	
Ambulance	**In contact by phone 999 or** +44 1908 660033	**Location** Milton Keynes University Hospital, Standing Way, MK6 5LD **From Venue:** 8 minutes 2.3 mi	
Slope accident Protocol	**First aid located at:** Venue Medical Room – Ambulance to be parked round the back of venue outside fire escape door **Doctor located at:** Venue Medical Room **In contact by:** radio or in-person	**1.** Incident occurs & reported to or witnessed by ROC/slope staff **2.** All competition stopped to allow first aid to attend and assess **3.** Slope staff advise evacuation method if required **4.** Transport to A&E arranged if necessary, otherwise advised to attend GP as appropriate. *(Advice based on acuity of injury and consultation with parent/coach.)* **5.** TD completes accident form or notes on report.	

Crowd / Public Protocol ***Only if different from above***	**First aid located at:** **Doctor located at:** **In contact by:**	All as above
Back-up plan	Competition resumes when first-aiders/paramedics are back in place	First-aider/paramedics return to slopeside or are on radio contact
Defibrillator Equipment	**Is there a Defibrillator (AED) on site?** **Where is it located?** **Is there a person on site trained to use the equipment?** **If not on site, nearest Defibrillator located at:**	Yes~~/No~~ *TBC by venue* Yes~~/No~~ Details

The Medical arrangements fully meet the criteria for BARTS competitions				**Yes ~~/ No~~ 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:	Calum Shepherd, CoR	**~~Technical Delegate/~~Chief of Race~~/Chief of Champs~~** *Delete as appropriate*		**Date:**	27/01/2025

The plan 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/Chief of Championships plus TD (if applicable).
Please email completed forms to sponsoring constituent group.