

PARTICIPANT'S EMERGENCY CONTACT & MEDICAL INFORMATION

This information is for emergency use only. It is to be carried in your pack at all times in a waterproof container labelled EMERGENCY INFORMATION. It is your responsibility to update this information if there is a change in details.

Name: _____

Home Address: _____

_____ Post Code _____

Telephone: Home: _____ Mobile: _____ Car Rego: _____

Medical Information:

Medical Condition: _____

Doctor Name / Phone _____

Current Medications: _____

Medications In pack? Yes / No Blood Group _____

Allergies _____

Do you have current immunisation against: Tetanus Y/N Hep A Y/N Hep B Y/N

Medicare Number: _____

Private Health Insurance Fund (name): _____

Ambulance subscriber: Y/N

Emergency Contact:

Name: _____

Home Address: _____

_____ Post Code _____

Telephone: Home: _____ Mobile: _____

Relationship: _____

Signed: _____ Date: _____

Privacy Statement: The information contained in this form is for emergency use only and will be used if you are ill or injured while participating in an activity of your bushwalking club. The information will only be accessed by the walk leader or their delegate and given to the relevant medical and/or emergency services personnel.

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