

WALKER'S EMERGENCY CONTACT AND MEDICAL INFORMATION.

This information is for emergency use only and is carried in your pack at all times in a sealed plastic envelope. It is your responsibility to update this information if any details change.

Name: _____

Home address: _____

Telephone: Home: _____ Mobile: _____

Medical Information:

Medical condition: _____

Current medications: _____

Allergies: _____

Age: _____

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

Medicare number: _____

Private health insurance fund (name): _____, Number: _____

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 whilst participating in an activity of the Bright U3A bushwalking group. The information will only be accessed by the walk leader or their delegate and given to the relevant medical and/or emergency services personnel.