

Private & Confidential – Personal Health Details

Emergency Information

The purpose of this form is to contain basic, but crucial and potentially, lifesaving information. It is to be used by medical personnel in the hopefully unlikely, but always possible, situation where you may require urgent treatment, but be unable to convey this information yourself. You may be unconscious, unable to speak or have lost your memory. Having this information could save your life, or at least make it easier to treat you quickly and effectively.

What To Do With The Card: Put the completed card/form in a small waterproof plastic bag (a small size 'Glad' type snaplock bag from any supermarket would be ideal or an empty film canister) and carry it in an outside pocket of your backpack; this will make it easily accessible to any helper.

Note1 Please complete, sign and put this form in an envelope, inside a zip seal plastic bag, in an outside pocket of your pack.

Name:

Address:

Home Phone:

Date of Birth: Car Registration No:

Medicare No. Private Health Ins No.

My doctor: Doctor's phone:

Medical conditions:

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Medication taken:

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Medication carried:

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Allergies:

.....

Note 2 Club policy requires persons participating in a club activity, to advise the leader in private before commencing the activity, about any personal health, medication carried and or health care situation that could arise or be necessary to address, during the activity.

Next of kin and/or persons to contact in an emergency:

1. Name	.....	Relationship	.....	Contact Nos	.....
2. Name	.....	Relationship	.....	Contact Nos	.....
3. Name	.....	Relationship	.....	Contact Nos	.....

Note 3 Your personal, medical and "contact" list should be reviewed regularly.

The above information is private and confidential and shall only be used, to assist me, in an emergency.

Signed

Date