

## PARTICIPANT'S EMERGENCY CONTACT & MEDICAL INFORMATION

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

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City / Town \_\_\_\_\_ Post Code \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Medical Information:

Medical Condition: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Current Medications: \_\_\_\_\_  
 \_\_\_\_\_

Allergies: \_\_\_\_\_  
 \_\_\_\_\_

Do you have current immunisation against: Tetanus Y / N      HepA Y / N      HepB Y / N

Medicare Number: \_\_\_\_\_

Private Health Insurance Fund (name): \_\_\_\_\_

Ambulance subscriber                      Y / N

Emergency Contact:

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City / Town \_\_\_\_\_ 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. The information will only be accessed by the Activity Leader or their delegate