

Wanderers Bushwalking & Outdoors Club Inc. Member Emergency Contact & Medical Information

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

Name :

Home Address :

..... Post Code.....

Telephone : Home Mobile

Medical Information :

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Current Medication :

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.....

Allergies : Blood Group :

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

Medicare Number : Valid to : /

Private Health Insurance Fund (name) :

Ambulance subscriber : Yes or No (circle) Pension number (if applicable) :.....

Emergency Contact

Name :

Home Address :

.....

Telephone : Home Mobile

Relationship :

Signed :

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 a Wanderers Bushwalking activity. The information will only be accessed by the activity leader or their delegate and given to the relevant medical and/or emergency services personnel.