Bushwalking Victoria
Bushwalking Tracks and Conservation

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