

PARTICIPANT'S EMERGENCY CONTACT AND MEDICAL INFORMATION

This information is for emergency use only. This completed form should be carried with you at all times during an activity, in a sealed plastic envelope. It is your responsibility to update the information if there is a change in details.

Name:			
Home Address:			Post Code:
Telephone:	Home:	Mobile:	

MEDICAL INFORMATION			
Medical condition/s:			
Current Medications:			
Allergies:			
Action required in event of allergic reaction (if known):			
Current Immunisations:	Tetanus	Y / N	Hep A Y / N Hep B Y / N
Medicare number:	Ambulance Cover: Y / N		
Private Health Insurance Fund:			

YOUR EMERGENCY CONTACT			
Name:			Relationship:
Home Address:			Post Code:
Telephone:	H:	W:	M:

Your Signature: _____ **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 and given to the relevant medical or emergency services personnel.