

Emergency Medical Information

(To be kept in your daypack – only accessed by leader in an emergency)

Name:	Phone:
Address:	
Date of Birth:	Blood Group:
Medicare No:	Ambulance Ins. No.:
Private Health Fund:	Pension Card:

Emergency Contact Persons/Next of Kin:

1. Name:	Relationship:
Phone/Mobile:	
2. Name:	Relationship:
Phone/Mobile:	

Medical Conditions/Allergies/Medication carried or taken

Condition	Y/N	Details/Medication
Allergies		Please specify:
Epipen		Please specify:
Heart condition		Please specify:
Diabetes		Type 1/Type 2
Asthma		Please specify:
Epilepsy		Please specify:
Other		Please specify: