



PARTICIPANT'S EMERGENCY CONTACT AND MEDICAL INFORMATION

This information is for emergency use only. The club requires that this completed form be carried in a sealed plastic envelope in your pack at all times during a club activity. 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): _____

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

Medicare Number: _____

Private Health Insurance Fund (name): _____ Ambulance cover: Y/N

Your Emergency Contact

Name: _____

Home address: _____

_____ Post code: _____

Telephone: Home: _____ Work: _____ Mobile: _____

Relationship: _____

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 of the South Gippsland Walking and Adventure Club. The information will only be accessed by the walk leader or their delegate and given to the relevant medical or emergency services personnel.