

SOUTH GIPPSLAND WALKING AND ADVENTURE CLUB



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.

Personal Details:

Name: _____

Home address: _____

Post code: _____

Telephone: Home _____ Mobile: _____

Medicare Number: _____

Private Health Insurance Fund (name): _____

Ambulance cover: Y/N

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

Your Emergency Contact

Name: _____

Relationship: _____

Telephone:

Mobile: _____

Home _____

Work: _____

Home address:

Post code: _____

Your Signature: _____ Date: _____

www.sgwaac.org.au

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.