

BRISBANE CATHOLIC BUSHWALKING CLUB INC.

EMERGENCY CONTACT & MEDICAL INFORMATION (July 2018)

This information is for emergency use only. It is to be carried in your pack at all times in a waterproof container labelled EMERGENCY INFORMATION. It is your responsibility to update this information if there is a change in details.

Name: _____

Home Address: _____

_____ Post Code _____

Telephone: Home: _____ Mobile: _____ Car Rego: _____

Medical Information - Medical Condition/s:

Doctor Name / Phone _____

Current Medication/s: _____

_____ Medications In pack? Yes / No

Blood Group _____ Allergies _____

Do you have current immunisation against: Tetanus Yes/No Hep A Yes/No Hep B Yes/No

Medicare Number: _ _ _ _ _

Private Health Insurance Fund (name): _____

Next of Kin - Name: _____

Home Address: _____

_____ Post Code _____

Telephone: Home: _____ Mobile: _____

Relationship: _____

Your Signature: _____ **Date:** _____

Privacy Statement: The information contained in this form is for emergency use only and will be accessed if you are ill or injured while participating in an activity of the Club.