GRAMPIANS BUSHWALKING CLUB INCORPORATED

Reg. No A0031111E

PARTICIPANTS' EMERGENCY CONTACT & MEDICAL INFORMATION

Members are encouraged to carry the following form in a waterproof container in their packs while on Club trips.

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. PLEASE PRINT CLEARLY

Name _____

Address _____

Home Phone _____ Mobile Phone _____

Date of Birth _____

Medical Information:

Medical Condition_____

_____

Doctor's Name/Phone _____

Current Medications _____

_____

Medications in Pack Yes / No Blood Group _____

Allergies: _____

_____

Do you have current immunisation against: Tetanus Y/N Hep A Y/N Hep B Y/N

Medicare No _____

Private Health Insurance Fund_____

Ambulance Victoria member: Yes / No

Emergency Contact:

Contact 1:

Name:_____

Relationship:_____

Home Address: _____

Telephone: Home_____Mobile_____

Contact 2:

Name:_____

Relationship:_____

Home Address: _____

Telephone: Home_____Mobile_____

Privacy Statement: The information contained in this form is for emergency use only and will be used if you are ill or injured while participating in an activity of the Grampians Bushwalking Club. The information will only be accessed by the walk leader and given to the relevant medical and/or emergency services personnel.

Signed:_____ Date:_____