

My Name:

My Email

My Address, Town and Postcode:

My Emergency Contact Person Name

My Emergency Contact Person Phone

My Emergency Contact Person Relationship with me

My Blood Type

My Medical Condition:

My Current Medications:

My Allergies:

Current immunisation against Tetanus: Y/N

My Medicare Number:

My Private Health Insurance Fund Yes/No

Private Health Insurance Fund Name:

I am an Ambulance subscriber: Y/N

I give permission for Murray Valley Bushwalkers Inc to give first aid to me should the need arise.

Signature

Date:

THE INFORMATION CONTAINED IN THIS FORM IS FOR EMERGENCY USE ONLY IN THE EVENT THAT YOU ARE ILL OR INJURED WHILST PARTICIPATING IN A CLUB ACTIVITY AND REQUIRE MEDICAL AND/OR EMERGENCY SERVICES.

PLEASE MAKE SURE YOU CARRY THIS FORM WITH YOU ON ALL MURRAY VALLEY BUSHWALKERS EVENTS.