

MEMBER EMERGENCY CONTACT AND MEDICAL INFORMATION

Name: _____

Home Address: _____

_____ Post Code: _____

Telephone: Home: _____ Mobile: _____

Medical Condition: _____

Current Medications: _____

Allergies: _____

Do you have current immunisation against Tetanus Yes/No

Blood Type: _____

Medicare Number: _____

Ambulance Subscriber: Yes/No

Private Health Insurance Fund (Name and Number):

Emergency contact name: _____

Emergency contact address: _____

Emergency contact phone: _____

Emergency contact relationship: _____

Signed: _____ 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 a Batemans Bay Bushwalkers Inc. activity. The information will only be given to the relevant medical and/or emergency services personnel.

I give permission for Batemans Bay Bushwalkers Inc. to give first aid to me should the need arise.