



Melbourne Walking Club Inc

Reg No. A657P

Private & Confidential – Personal Health Details

Emergency Information

The purpose of this form is to provide basic but crucial and potentially lifesaving information. It is to be used in the unlikely but always possible situation where you may require urgent treatment but be unable to convey this information yourself. You may be unconscious, unable to speak or have lost your memory. Having this information could save your life or at least make it easier to treat you quickly and effectively.

Club policy requires persons participating in a club activity to advise the leader in private before commencing the activity about any personal health, medication carried and/or health care situation that could arise or be necessary to address during the activity.

Complete, sign and put this form in an envelope inside a zip seal plastic bag which must be carried at all times in an outside pocket of your pack. The information on the form should be reviewed regularly and updated if necessary.

Name:

Address:

Home Phone:

Mobile Phone:

Date of Birth:

Car Registration no:

Medicare No.

Private Health Insurance no.

My doctor:

Doctor's phone:

Medical conditions:

Medication taken:

Medication carried:

Allergies:

Person to contact in an emergency:

Name:

Relationship:

Phone no.

Name:

Relationship:

Phone no.

Name:

Relationship:

Phone no.

The above information is private and confidential and shall only be used to assist me in an emergency.

Signature:

Date: