



ELTHAM & ENVIRONS WALKING GROUP

PARTICIPANT'S EMERGENCY CONTACT & MEDICAL INFORMATION

This information is for emergency use only and is to be carried in your walking first aid kit at all times. It is your responsibility to update this information if there is a change in details.

Personal Details

Name: _____

Home address: _____

_____ Postcode: _____

Telephone: Home: _____ Mobile: _____

Medical Information

Medical Condition:

Current Medications:

Allergies:

Do you have current immunisation against: Tetanus Y/N HepA Y/N HepB Y/N

Medicare Number: _____

Private Health Insurance Fund: (Name and Membership No):

Ambulance Subscriber Y/N

Emergency Contact

Name: _____

Home Address: _____

_____ Post Code: _____

Telephone: Home _____ Mobile _____

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 an activity of our Group. The information will only be accessed when required and given to the relevant medical and/or emergency services personnel.