

MEMBER EMERGENCY CONTACT AND MEDICAL INFORMATION

Bushwalkers of Western Australia Inc.

It is recommended that this information be carried in your pack at all times in a sealed plastic envelope. It is for emergency use only.
It is the responsibility of each member to update this information if there is a change in details.



Name:

Home Address:

Post Code

Telephone: Home

Mobile

Medical Information

Medical Conditions:

Current Medications:

Allergies:

Do you have current immunisation against Tetanus: Y/N Blood type:

Medicare Number:

Private Health Insurance Fund (name):

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 to be used if I am ill or injured whilst participating in a **Bushwalkers of Western Australia Inc** activity. It will only be accessed by the walk leader or their delegate and given to the relevant medical and/or emergency services personnel.

I give permission for **Bushwalkers of Western Australia Inc** to give first aid to me should the need arise.