



TRIP - EMERGENCY DETAILS



A separate Form is to be completed for each Trip Participant

Participant Name		Birth Date	
Address		Postcode	
Contact No.	Tel:		Mobile:
Contact Person Name <i>(not on trip)</i>		Relationship	
Address		Postcode	
Contact No.	Tel:		Mobile:

Doctor's Name			
Doctor's Address		Postcode	
Doctor's Contact No.	Tel:		Mobile:
Private Health Insurer		Member No.	
Medicare Number		Blood Type	
Ambulance Member?		Member No.	

* Do you want to be treated as a Private Patient?		Please write: Yes or No
<i>(If No, Private Health insurance details should not be passed to the authorities)</i>		

- Known Allergies & Treatment	
- Known Medical Conditions	
- Current Medication and Dosage	
- Other information relevant to participant	

This personal information form should be placed in a **sealed envelope** with the participants name on the front **(one for each participant)**.

Two (2) sealed copies should also be handed over to the Trip Leader. Envelopes should be returned to the participants after the trip for re-use on the next trip.

(All envelopes for vehicle participants to be carried in the glove box or centre console)

Participant / Guardian's Signature		Date	
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(Please sign here)