

Emergency Medical Information

(To be kept in your daypack – only accessed by leader in an emergency)

Name.....Phone.....

Address.....

Date of Birth.....

Medicare No.....Ambulance Ins No.....

Private Health Fund..... Pension/Healthcare/DVA Card.....

Emergency Contact Persons or Next of Kin

1. Name.....Relationship.....

Contact number.....

2. Name.....Relationship.....

Contact number.....

Pre-existing Medical Conditions that may require emergency assistance on the day

Condition (eg bee-sting allergy)	Emergency assistance / medication (eg EpiPen)
Allergy, or known risk of Anaphylaxis	
Asthma	
Diabetes	
Epilepsy	
Heart disease	
Mental health issues	
Phobias	
Other	