

# Participants Emergency Contact & Medical Information

*Please complete this form, ensure information is current, and carry in a sealed waterproof envelope at the top of your pack when out on your walks.*

**Privacy Statement:** The information on the form is for emergency use only. It will be used if you are ill or injured whilst participating in FedWalks2022. The information will be accessed by the walk leader or their delegate only, and given to the relevant medical or emergency services personnel upon request.

Name:

Home Address:

Post Code:

Phone: Home:

Mobile:

## Medical Information

Medical Condition/s:

Current Medications:

Allergies:

Do you have current immunization against: Tetanus Yes/No, HepA Yes/No, HepB Yes/No, Covid-19 Yes/No

Medicare Number:

Do you have a Health Care Card: Yes/No – Number:

Do you have Ambulance Cover: Yes/No – Number:

Do you have private health insurance: Yes/No – Name of Fund:

Type of cover:

## Emergency Contact

Name:

Relationship:

Home Address:

Phone: Home:

Mobile: