Bushwalking Victoria

Participant's Emergency Contact and Medical Information

This completed form should be carried with you at all times during an activity, in a sealed ziplock bag at the top of your pack. It is your responsibility to update the information if there is a change in details.

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 FedWalks2023. 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:
Telephone:	Home:	Mobile:

MEDICAL INFORMATION				
Medical condition/s:				
Current Medications:				
Allergies:				
Action required in event of allergic reaction (if known):				
Current Immunisations:	Tetanus Y / N	COVID-19 Y / N	Hep A Y / N	Hep B Y / N
Medicare number:			Ambulance Cover: Y / N	
Private Health Insurance Fund:				

YOUR EMERGENCY CONTACT			
Name:		Relationship:	
Home Address:			
			Post Code:
Telephone:	H:	W:	M:

Your Signature: ________________________________ **Date:** ______________________