



Participant Emergency Contact and Medical Information

This information is for emergency use only and should be carried in an outside pocket of your pack in a sealed container at all times. It is the walker's responsibility to ensure that details are updated as required.

Participant details:

Name: _____

Home Address: _____

_____ Postcode: _____

Telephone (home): _____ (mobile): _____

DOB: _____ Car Rego: _____

Medical Information:

Medical Condition(s): _____

Current Medication(s): _____

Allergies: _____

Medicare #: _____ Private Health Fund: _____

Ambulance Fund: _____

Emergency Contact:

Name: _____ Relationship: _____

Home Address: _____

_____ Postcode: _____

Telephone (home): _____ (mobile): _____

Privacy statement: The information in this form is for emergency use only and will only be used if you are ill or injured whilst participating in a Tumut & District Bushwalking Inc activity. The information will be accessed by the walks leader or their delegate and relevant details will be given to emergency personnel.