



Friends of the Great South West Walk Inc.

Medical Information and Emergency Contact

Privacy Statement: The information contained herein is for emergency use only. It will be used if you are ill or injured whilst participating in an activity organized by the Friends of the Great South West Walk Inc. 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. This information will be destroyed in December each year.

Name:

Home Address:

Phone: Home:

Mobile:

Email address:

Medical Information

Medical Conditions:

Current Medications:

Allergies:

Do you have current immunization against Tetanus? Yes / No

Medicare Number:

Do you have Health Care Card of Ambulance Cover? No/ Yes – number:

Do you have private health insurance? No / Yes - Name of Fund:
Type of Cover:

Emergency Contact

Name:

Relationship:

Address:

Phone: Home

Mobile: