**MEMBER EMERGENCY CONTACT & MEDICAL INFORMATION**

# Happy Trekkers Hiking Club

**MEMBER EMERGENCY CONTACT & MEDICAL INFORMATION**

It is recommended that this information is to be carried in your pack at all times in a sealed plastic envelope and is for emergency use only. It is the responsibility of the member to update this information if there is a change in details.

Name:

Home Address:

Post Code

Telephone: Home Mobile

**Medical Information**

Medical Condition:

Current Medications:

Allergies:

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Do you have current immunisation against Tetanus: Y/N Blood type:

Medicare Number:

Private Health Insurance Fund (name):

Ambulance subscriber: Y/N

**Emergency Contact**

Name:

Home Address:

Post Code

Telephone: Home Mobile

Relationship:

#### Privacy Statement:

I understand that the information contained in this form is for emergency use only and will be used if I become ill or injured whilst participating in a *(Insert name of club)* activity. The information will only be accessed by the walk leader or their delegate and passed to the relevant medical and/or emergency services personnel.

I give my permission for *HAPPY TREKKERS HIKING CLUB* to give first aid to me should the need arise.

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Signed: Date: