

## Walkers Emergency Contact & Medical Information

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

Name: .....

Home Address: .....

Post Code: ..... Home Phone: ..... Mobile: .....

---

### Medical Information

Medical Condition

Current Medication:

Allergies:

Do you have current immunization against:    Tetanus Y/N    HepA Y/N    HepB Y/N

Medicare Number: .....

Private Health Insurance Fund (Name): .....

Ambulance Subscriber Y/N

---

### Emergency Contact

Name: .....

Home Address: .....

Post Code: ..... Home Phone: ..... Mobile: .....

Relationship: .....

Signed: ..... Date: ...../...../.....

Privacy Statement: The information contained in this form is for emergency use only and will be used if you are ill or injured whilst participating in an activity of U3A Bendigo. The information will only be accessed by the walk leader or their delegate and given to the relevant medical and/or emergency services personnel.