Emergency Medical Information

# (To be kept in your daypack – only accessed by leader in an emergency)

Name…………………………………………………………….Phone……………………………………………..

Address…………………………………………………………….………………………………………………….. Date of Birth……………………………………………………..

Medicare No……………………………………………………Ambulance Ins No……………………………….. Private Health Fund………………………………………… Pension/Healthcare/DVA Card…………………

# Emergency Contact Persons or Next of Kin

1. Name……………………………………………………..Relationship…………………………………… Contact number……………………………………………………………………………………………..
2. Name……………………………………………………..Relationship…………………………………….

Contact number………………………………………………………………………………………………

**Pre-existing Medical Conditions that may require emergency assistance on the day**

|  |  |
| --- | --- |
| **Condition** (*eg bee-sting allergy*) | **Emergency assistance / medication** (*eg Epipen*) |
| Allergy, or known risk of Anaphylaxis |  |
| Asthma |  |
| Diabetes |  |
| Epilepsy |  |
| Heart disease |  |
| Mental health issues |  |
| Phobias |  |
| Other |  |