



COFFS HIKERS

Member Emergency Contact and Medical Information

This information is for emergency use only and is to be carried in your pack in a sealed plastic envelope. It is your responsibility to update this information if there are changes.

Name _____

Home address _____

Mobile _____ Phone _____

Medical Conditions _____

Allergies _____

Current Medications _____

Current Immunisation against tetanus? Y / N Blood Type _____

Medicare #: _____ Ambulance subscriber Y / N

Private Health Fund name and membership #: _____

Vehicle make & model _____ Rego _____ Colour _____

I give permission for Coffs Hikers Inc members to drive my car in an emergency. My insurance covers drivers from () to () years of age.

Emergency Contacts

Name _____ Phone _____

Name _____ Phone _____

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. The information will only be accessed by the activity leader or their delegate.

Signed _____ Date _____