

## EMERGENCY CONTACT CARD

PERSONAL DETAILS		MEDICAL CONDITIONS & MEDICATIONS
Name:		<u>Medical Conditions (write on back if insufficient space)</u>
Membership No.		
Address:		
Phone:		
Mobile:		
Date of Birth:		
Medicare No.		<u>Medications &amp; Dosage (write on back if insufficient space)</u>
Health Fund:		
Health Fund No.		
Ambulance Cover:	Yes/No	
MEDICAL INFORMATION		
Blood Group (if Known):		
Doctor/Clinic:		
Doctor Clinic Phone Number:		<u>Allergies (write on back if insufficient space)</u>
Doctor/Clinic Address:		
EMERGENCY CONTACTS		
Name:		
Phone/Mobile:		
Relationship:		
<b>Other Contact</b>		<p>On arrival at Gathering, please fold Emergency Contact and place into your Name Pouch so that your name shows.</p> <p><b>Please wear your pouch at all time during Gathering</b></p> <p>Do not sent this form to the Registrar</p>
Name:		
Phone/Mobile:		
Relationship:		