

Personal Information Form



The details below are **very important** in the event of an accident or personal injury. They will be treated with the strictest confidentiality and used only in the case of an emergency.

Please complete the form correctly and in its entirety.

Name:	
Address (incl. postcode):	
Contact Numbers:	Tel: Mobile:
Name of Next of Kin (not on trip): Relationship: Address: Contact Numbers:	Tel: Mobile:
Name of Doctor: Address: Contact Numbers:	Tel: Mobile:
Medicare Number:	
Private Health Insurance: Name of Insurer: Member No:	YES / NO (Please Circle)
Do you want to be treated as a private patient	YES / NO (Please Circle) <i>If No, Private Health insurance details should not be passed to authorities</i>
Ambulance Membership Number:	
Blood Type:	
Medication:	
Known Allergies	
Other	

This Personal Information Form should be placed in a sealed envelope with your name on the front. The envelope should be carried in your vehicle, together with the completed forms of each person traveling in the vehicle. **Please keep the completed form in the glove box or centre console.**

One sealed copy should also be handed over to the Trip Leader.

Envelopes should be returned to the participants after the trip for re-use on the next trip.

Signature:

Date:
