



ANNEXURE F (F5)

**BUNBURY BUSHWALKING CLUB**

**EMERGENCY CONTACT FORM**

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

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Name:

Home Address:

Post Code

Telephone: Home

Mobile

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**Medical Information**

Medical Condition:

Current Medications:

Allergies:

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Do you have current immunisation against Tetanus: Y/N

Blood type:

Medicare Number:

Private Health Insurance Fund (name):

Ambulance subscriber: Y/N

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**Emergency Contact**

Name:

Home Address:

Post Code

Telephone: Home

Mobile

Relationship:

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Signed:

Date:

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**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 a club activity. The information will only be accessed by the walk leader or their delegate and should the need arise be passed on to an authorised medico and/or emergency services person and under their direction I give permission for the club to provide me with first aid assistance.