



**EMERGENCY CONTACT and MEDICAL INFORMATION FORM**  
(to be retained by the Club Member)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Mobile: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical Condition: \_\_\_\_\_

Medication: \_\_\_\_\_

\_\_\_\_\_

Vehicle Make and Model: \_\_\_\_\_

Registration: \_\_\_\_\_

**EMERGENCY CONTACTS**

Name: \_\_\_\_\_ Mobile: \_\_\_\_\_

Name: \_\_\_\_\_ Mobile: \_\_\_\_\_

The information contained in this form is for emergency use only and will be used if I am unwell or injured whilst participating in an All Nations Bushwalkers activity.

The information will only be accessed by the walk leader or their delegate and given to the relevant medial and/or emergency services personnel if required.

I give permission for All Nations Bushwalkers members to drive my vehicle in an emergency.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_