

**This form is provided for those who may wish to carry such information in case of an emergency. It is NOT obligatory to do so. Some members may choose to carry a small card in their wallet or purse listing relevant information which could be useful to Emergency Service Personnel.**

**WEA RAMBLERS SYDNEY**

**MEMBER EMERGENCY CONTACT AND MEDICAL INFORMATION**

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

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

\_\_\_\_\_ Post Code \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Mobile: \_\_\_\_\_

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

Current Medications: \_\_\_\_\_

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

Do you have current immunisation against Tetanus: Y / N Blood type: \_\_\_\_\_

Medicare Number: \_\_\_\_\_ Ambulance subscriber: Y / N

Private Health Insurance Fund (name and membership number):

\_\_\_\_\_

Emergency contact name: \_\_\_\_\_

Emergency contact address: \_\_\_\_\_

\_\_\_\_\_

Emergency contact phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Emergency contact relationship: \_\_\_\_\_

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