

## Emergency Medical Information

(To be kept in your daypack – only accessed by leader in an emergency)

Name: ..... Phone: .....  
Address: .....  
Date of Birth : ..... \... \..... Blood Group: .....  
Medicare Number: ..... Ambulance Ins No: .....  
Private Hospital Fund: ..... Pension Card: .....

### Emergency Contact Persons or Next of Kin:

1. Name: ..... Relationship: .....  
Phone/Mobile No.: ..... / .....

2. Name: ..... Relationship: .....  
Phone/Mobile No.: ..... / .....

### Medical Conditions, Allergies, Medication carried or taken

Condition	Y/N	Details/Medication
Allergies		Please specify:
Epipen		Please specify:
Heart Conditions		
Diabetes		Type 1 / Type 2 (Circle as appropriate)
Asthma		
Epilepsy		
Other?		

### Incident Details – Actual Data at time of incident

What Happened & When	
Time of last Food/Drink	
Pain level 1-10 range	
Any recent medications	
Time emergency services notified	
Observed signs	

*You may like to attach a small photo of yourself so that the above information is properly attributed to you.*