

*Please carry this form with you in your pack (suggest in your First Aid kit) when you participate in any Club activity– **do not** send in with your membership form*

UPPER BLUE MOUNTAINS BUSHWALKING CLUB
MEMBER EMERGENCY CONTACT & MEDICAL INFORMATION

Name

Address

Phone

Medical Condition

Allergies.....

Medication.....

Medicare Number

Vehicle MakeModel

Registration..... Colour

Emergency Contacts

Name Phone

Name Phone

Name Phone

The information contained in this form is for emergency use only and will be used if you are ill or injured while participating in an Upper Blue Mountains Bushwalking Club activity. The information will only be accessed by the walk leader or their delegate and given to the relevant medical and/or emergency services personnel.

I give permission for Upper Blue Mountains Bushwalking Club members to drive my vehicle in an emergency.

Signed Date