



Shoalhaven Bushwalkers Emergency Form

Name

Address

Phone Mobile

Vehicle Make Model

Registration Colour

Medical Details / Allergies / Medications

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Blood type Name of GP Phone

Emergency Contacts

Name Phone

Name Phone

Name Phone

Any other comments or conditions relevant to the information on this form?

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This form should be filled out and carried on all Shoalhaven Bushwalker activities in your first aid kit.

The information contained in this form is for emergency use only and will be used if you are unable to supply this information due to illness or injury while participating in a Shoalhaven Bushwalkers club activity. The information will only be accessed by the walk leader or their delegate, and the medical information will only be given to relevant medical / emergency services personnel.

I give permission for Shoalhaven Bushwalkers members to drive my car in an emergency.

Signed Date