



PERSONAL INFORMATION FORM

The details below are **very important** in the event of an accident or personal injury. They will be treated with the strictest confidentiality and used only in the case of an emergency. Please complete the form correctly and in its entirety.

NAME:	
ADDRESS:	Postcode:
CONTACT NOS:	Tel: Mobile:
DATE OF BIRTH:	
NAME OF NEXT OF KIN (not on trip): Relationship: Address: Contact Nos:	Tel: Mobile:
NAME OF DOCTOR: Address: Contact Nos:	Tel:
MEDICARE NO:	
PRIVATE HEALTH INSURANCE If Yes, Name of Insurer: Member No:	
Do you want to be treated as a Private Patient?	YES / NO (Please circle) <i>If No, Private Health insurance details should not be passed to authorities.</i>
AMBULANCE MEMBERSHIP NO:	
BLOOD TYPE:	
MEDICATION:	
KNOWN ALLERGIES:	
OTHER:	

This Personal Information Form should be placed in a sealed envelope with your name on the front. The envelope should be carried in your vehicle, together with the completed forms of each person travelling in the vehicle. **Please keep in the glove box or central console.** One sealed copy should also be handed over to the Trip Leader. Envelopes should be returned to the participants after the trip for re-use on the next trip.

Signature: _____

Date: _____