



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 as this will be passed in emergency to Medical Personal if required.

Name:	
Date of Birth:	
Emergency Contact Name and Contact Number:	
Medication:	
Known Allergies:	
Any other useful medical information:	

This Personal Information Form should be placed in a sealed envelope with that persons name on the front with the completed forms for each person travelling in the vehicle.

**Please keep in your glove box or centre 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.

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

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