**Ben Cruachan Walking Club Inc. **

**Emergency Contact & Medical Information**

***(Please keep this, ensure information is current, and carry in a sealed waterproof envelop at all times when participating in Club activities.)***

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| **Privacy Statement:** The information contained herein is for emergency use only. It will be used if you are ill or injured whilst participating in an activity organized by the Ben Cruachan Walking Club. The information will be accessed by the walk leader or their delegate only, and given to the relevant medical or emergency services personnel upon request. |
| Name: |
| Home Address: |
| Phone: Home: Mobile:  |
| **Medical Information** |
| Medical Condition/s: |
| Current Medications: |
| Allergies: |
| Do you have current vaccination for Covid 19: Yes/No |
| Do you have current immunization against Tetanus: Yes/No  |
| Medicare Number: |
| Do you have a Health Care Card or Ambulance Cover: No / Yes – Number: |
| Do you have private health insurance: No / Yes – Name of Fund:Type of cover: |
| **Emergency Contact 1** |
| Name: Relationship: |
| Home Address: |
| Phone: Home: Mobile:  |
| **Emergency Contact 2** |
| Name: Relationship: |
| Home Address: |
| Phone: Home: Mobile:  |