

## EMERGENCY CONTACT MEDICAL INFORMATION

It is recommended that this information is to be carried in your first aid kit at all times in a sealed plastic envelope and is for emergency use only. It is responsibility of each person to update this information if there is a change in details.

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Name: .....  
Home Address: .....  
.....  
..... Postcode: .....

Telephone: Home: ..... Mobile: .....

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### Medical Information

Medical Condition: .....

Current Medications: .....

Allergies: .....

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Do you have current immunization against tetanus: Yes  No

Medicare Number: .....

Private Health Insurance Fund (name): .....

Ambulance subscriber: Yes  No

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### Treating Doctor Contact

Name: .....

Practice Address: .....

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..... Postcode: .....

Telephone: .....

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### Emergency Contact

Name: .....

Home Address: .....

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..... Postcode: .....

Telephone: Home: ..... Mobile: .....

Relationship: .....

Signed: ..... Date: .....

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