

MEDICAL AND EMERGENCY INFORMATION

Have you ever wondered what would happen if there was a serious illness or injury when out on a trip miles from anywhere? Your trip leaders certainly have. Of course, we have all heard of First Aid and, better than that, some of our club members are qualified first aiders.

Do you suffer from some allergy? Are you taking special medication? Do you have another medical condition that might impact your treatment? Of course, this type of information is generally confidential between you and your medical professionals. However, this knowledge might be vital in the management of a medical emergency involving you, especially if you were unable to communicate to those providing treatment.

Your committee has adopted a policy that requires each trip participant to submit a sealed envelope containing relevant medical information to the trip leader. Here is how the process works:

1. Prior to the trip, **EACH** participant will complete **two** copies of the **Emergency Personal Medical Information** form.
2. The **ORIGINAL** will be placed in a sealed envelope that will stay with your vehicle
3. The **DUPLICATE** will be placed in a sealed envelope and that copy will be given to the trip leader.
4. At the end of the trip, the trip leader will return all envelopes to the originators

Gawler and Districts 4WD Club Inc**ORIGINAL****Emergency Personal Medical Information**

Family Name _____

Given Names _____

Address _____

Ambulance Cover (Y/N Details) _____

Private Health Cover (Y/N Details) _____

Primary Health Carer _____

Emergency Contacts and Phone Numbers:

Name: _____

1. _____

Location: _____

2. _____

Contact Phone: _____

3. _____

Existing Medical Conditions / Allergies

Medication

1. _____

2. _____

3. _____

4. _____

Other Information

Private and Confidential information for the Gawler and Districts 4WD Club Inc Use Onyl

Revised 5 Feb 2014

**Gawler and Districts 4WD Club Inc****DUPLICATE****Emergency Personal Medical Information**

Family Name _____

Given Names _____

Address _____

Ambulance Cover (Y/N Details) _____

Private Health Cover (Y/N Details) _____

Primary Health Carer _____

Emergency Contacts and Phone Numbers:

Name: _____

1. _____

Location: _____

2. _____

Contact Phone: _____

3. _____

Existing Medical Conditions / Allergies

Medication

1. _____

2. _____

3. _____

4. _____

Other Information

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