

BISHOPDALE TRAMPING CLUB (INC.)

EMERGENCY INFORMATION SHEET

Carry this form inside your first aid kit and keep it up to date.*

Name - first & last: Date of Birth:

Address:

..... Postal code:

Home ph: Mobile ph: Email:

EMERGENCY CONTACTS			
	Best	Second	Third
Name – first & last			
Relationship			
Best phone			
Second phone			
Third phone			

MEDICAL INFORMATION

Please list any physical or health matters that, in the safety interests of yourself and other trampers, you should make known – in case of emergency.

Any serious allergies?.....

Do you carry **clearly marked** medication for this/these allergies? YES/NO

How should it be administered? (Eg two tablets immediately, then one tablet every three hours)

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Other medical conditions?.....

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Do you carry **clearly marked** medication for this/these conditions? YES/NO

How should it be administered?

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Your Doctor's name(s) and phone numbers.....

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