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## Emergency Contact & Medical Information

It is recommended that this information is carried in your pack at all times in a sealed zip-lock bag and is for **Emergency Use Only**. It is your responsibility to update this information if there is a change in details.

Name:

Home Address:

Post Code

Telephone: Home

Mobile

Date of Birth:

Height:

cm

Weight:

kg

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### Medical Information

Medical Condition/s:

Current Medication/s:

Allergies:

Do you have current immunisation against Tetanus? Yes / No

Medicare Number:

Ambulance Subscriber: Yes / No

Private Health Insurance Fund:

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### Emergency Contact

Name:

Relationship:

Home Address:

Post Code

Telephone: Home:

Mobile:

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### Privacy Statement

The information contained in this form is for **Emergency Use Only** and will be used if you are ill or injured whilst participating in a U3A Hawthorn activity. The information will only be accessed by the Group Leader or their delegate and given to the relevant medical and/or Emergency Services personnel.

I give permission for U3A Hawthorn to provide First Aid to me should the need arise.

Signed:

Date: