



PERSONAL DETAILS FORM

The details below are very important in the event of an accident or personal injury. Please fill in correctly and completely.

NAME: _____

ADDRESS: _____ POSTCODE: _____

PHONE NUMBERS: _____ D.O.B. _____

NEXT OF KIN NAME
(Not on Trip): _____

ADDRESS: _____ POSTCODE: _____

PHONE NUMBERS: _____ Relationship: _____

DOCTOR NAME: _____

ADDRESS: _____ PHONE: _____

MEDICARE NO: _____ PRIVATE HEALTH INSURANCE: _____

AMBULANCE NO: _____ INSURER: _____

BLOOD TYPE: _____ (If known) MEMBER NO: _____

Do you want to be treated as a Private Patient? Y / N (Please Circle)

If NO, Private Health insurance details should not be passed to the authorities

MEDICATION: _____

KNOWN ALLERGIES: _____

OTHER: _____

This personal information form should be placed in a sealed envelope with your name on the front. The envelope should be carried in the vehicle along with envelopes for each person travelling in the vehicle. Please keep in the glove box or centre console. Two (2) sealed copies should also be handed over to the Trip Leader. Envelopes should be returned to the participants after the trip for re-use on the next trip.

Signature: _____ Date: _____