

Insert Club Letterhead

Please complete all details for each person in your vehicle and store this document in a sealed envelope in the glove box of the car.

YOUR DETAILS

NAME DOB.....

ADDRESS

PHONE..... MOBILE.....

MEDICAL DETAILS

MEDICARE No

PRIVATE HEALTH INSURER..... MEMBER No.....

BLOOD TYPE.....

MEDICAL CONDITION

MEDICATION.....

MEDICAL CONDITION

MEDICATION.....

OTHER MEDICATION/S.....

KNOWN ALLERGIES

DOCTOR DETAILS

DOCTOR.....

ADDRESS.....

PHONE.....

EMERGENCY CONTACTS

NEXT OF KIN RELATIONSHIP.....

ADDRESS

PHONE..... MOBILE.....

ALTERNATIVE CONTACT RELATIONSHIP.....

ADDRESS

PHONE..... MOBILE.....

OTHER DETAILS *(use back of form if more space is required)*