

WESTERN PATROL CLUB INC.

PERSONAL DETAIL FORM

Use of this form is at the discretion of the Trip Leader and intended for extended/remote trips. While it is purely voluntary, the details below may be very important in the event of an accident or personal injury.

| | |
|--|--------------------------|
| NAME | D.O.B. |
| ADDRESS | |
| TEL | A/H |
| | |
| NEXT OF KIN | RELATIONSHIP |
| ADDRESS | |
| TEL | A/H |
| | |
| NAME OF DOCTOR | |
| ADDRESS | |
| TEL | A/H |
| | |
| MEDICARE NUMBER | PRIVATE HEALTH INSURANCE |
| DO YOU WANT TO BE TREATED AS A PRIVATE HOSPITAL PATIENT? Y/N PLEASE CIRCLE | |
| AMBULANCE No | INSURER |
| BLOOD TYPE | MEMBER No. |
| MEDIC ALERT? Y/N PLEASE CIRCLE | MEDIC ALERT No. |
| MEDICATION | |
| | |
| KNOWN ALLERGIES | |
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| | |
| OTHER | |
| The personal information on this form should be placed in a sealed envelope with your name on the front. The envelope should be carried in your vehicle along with envelopes for each person travelling and will only be opened by professional healthcare staff i.e. Paramedic/Doctor. Please keep in the glovebox or centre console. | |
| Signature | Date |

Inc. Registration:

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Website

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