

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:	D.O.B.:

NEXT OF KIN DETAILS (NOT ON TRIP)

NAME:	
ADDRESS:	POSTCODE:
PHONE:	RELATIONSHIP:

PERSONAL DETAILS

DOCTOR NAME:		PHONE:
DOCTOR ADDRESS:		POSTCODE:
MEDICARE NO:	AMBULANCE NO:	

PRIVATE HEALTH INSURANCE DETAILS

DO YOU WANT TO BE TREATED AS A PRIVATE PATIENT (YES / NO): If NO, Private Health Insurance details should not be passed to authorities.		
HEALTH INSURER:	MEMBER NO:	
DOCTOR ADDRESS:	POSTCODE:	

HEALTH INFORMATION

MEDICATION:
KNOWN ALLERGIES:
OTHER INFO:

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:
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