



EMERGENCY CONTACT & MEDICAL INFORMATION FORM

Notes:

1. **Place the completed form in your personal medical kit in your backpack in a separate zip-lock bag.**
2. DO NOT submit this form with your membership application/renewal.
3. Completion and use of this form is OPTIONAL, however is strongly recommended.
4. The form should be updated on an annual basis or as required. If required, copy this form for multiple users.
5. SBC members should always notify their leader of any medical condition prior to the commencement of the activity.
6. The form will be only be accessed by your leader, their delegate, and/or attending medical or emergency services personnel in the case of an accident or medical incident.
7. It is suggested that the leader or accompanying delegate records on the back of this form details of the incident, the member's observed condition and any treatment prior to the arrival of the emergency services.
8. By agreement with the member concerned the leader may photograph both sides of this form before handing it over to the emergency service personnel.

Name:

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|-------------|---------|
| Address: | |
| Home phone: | Mobile: |

Medical Conditions:

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| Blood Group: |
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Allergies:

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Medications:

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Emergency Contacts:

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|---------|---------------------|
| Name 1: | Phone and/or email: |
| Name 2: | Phone and/or email: |

GP Contact:

| | |
|------|--------------------|
| Name | Practice Phone No: |
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Motor Vehicle/s:

| | |
|---------------------------|---------------------------|
| Vehicle 1 - Make & Model: | Vehicle 2 - Make & Model: |
| Registration: | Registration: |
| Colour: | Colour: |

Authority:

In the case of an accident or emergency, I GIVE MY APPROVAL:

1. for an SBC member over the age of 21 years of age to drive my motor vehicle, and
2. for the SBC leader, their delegate, and/or any attending medical or emergency services personnel to use the information on this form.

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| Signature & Date: |
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