



## Personal Details Form

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

Name: _____	Date of Birth: _____
Address: _____	
Phone Numbers	Postcode: _____
Home _____ Business _____	Other: _____
Next of Kin	
Name _____	
Address _____	Postcode _____
Phone Numbers Home _____ Business _____	Other _____
Doctors Name	
Address _____	Phone _____
_____	

Medicare Number: _____
Ambulance Number: _____
Blood Type: _____

The following information should not be passed on to authorities if *Treated as Private Patient* is NO)

### Private health Insurance

Insurer: \_\_\_\_\_

Member Number: \_\_\_\_\_

Treated as Private patient Yes / No (circle)

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 in which you are travelling with envelopes for each person travelling in the vehicle. ~~TWO sealed copies should be handed over to the Trip Leader. Envelopes should be returned to the participants on completion of the trip for re-use on the next trip.~~

Signature: \_\_\_\_\_ Date: \_\_\_\_\_