



CENTRAL HIGHLANDS 4X4 CLUB

Incorporated January 2001

Personal Medical Details Form

The details below are very important in the event of an accident or personal injury. Please complete one form for each vehicle occupant.

Name:			
Address:		Postcode:	
Phone:		D.O.B.	
Next of Kin: (Not on trip)			
Address:		Postcode:	
Phone:		Relationship:	
Doctor Name:			
Address:		Phone;	
Medicare No:		Private Health Insurance:	Yes / No
Ambulance No:		Insurer:	
Blood Type:		Member No:	
Medication:			
Known Allergies:			
Other Medical things we might need to know:			
Date this form was completed:			

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.