

BATHURST PAN DRAGONS

MEMBER EMERGENCY CONTACT AND MEDICAL INFORMATION

It is recommended that this information is kept by the Public Officer/Coach and is for emergency use only. It is the responsibility of each member to update this information if there is a change in details.

Name: _____

Home Address: _____

Post Code: _____

Telephone: _____ (home) _____ (mobile)

Medical Information

Medical Conditions: Please circle

Diabetes Epilepsy Asthma Heart condition

Other (please specify): _____

Current medications: _____

Allergies: _____

Do you have current immunisation against Tetanus: Y/N Blood type: _____

Do you object to transfusions? Y/N

Medicare number: _____ Ambulance subscriber: Y/N

Private Health Insurance Fund (name): _____

Emergency Contact

Name: _____ Relationship: _____

Home Address: _____

Telephone: _____ (home) _____ (mobile)

Privacy Statement: The information contained in this form is for emergency use only and will be used if you are ill or injured whilst participating in a Bathurst Pan Dragons Inc. activity. The information will only be accessed by the Coach or their delegate and given to relevant medical and/or emergency services personnel. I give permission for Bathurst Pan Dragons to give first aid to me should the need arise.

Signed: _____ Date: _____