



Amateur Geological Society of the Hunter Valley Society Inc.

REGISTERED NO: Y2946642

Web Site: www.agshv.com

mail: mail@agshv.com

Confidential Medical Information for Excursions

Excursion Name:

Date of Excursion:

The Leader of the Excursion will use this information if/and only if you are involved in a medical emergency. All information is held in confidence. This medical form must be current when the excursion is run. The completed form is to be placed in an envelope, sealed, your name written on the front and given to the Leader before starting the excursion. When you leave the excursion your sealed envelope will be given back to you.

Participant's full name:

Participant's address:

City/Town:

Postcode:

Date of birth:

Next of kin's full name:

Name of person to contact in an emergency (Not a participant of the Excursion):

Emergency telephone numbers: *After hours*
Business hours

Name of family doctor:

Telephone Number:

Medicare Number:

Patient Number:

Medical/hospital insurance fund:

Member number:

Ambulance subscriber? Yes No

If yes, Fund Name:

Number:

Please fill in the back of this page also

Please tick if you suffer any of the following:

- Asthma Blackouts
 Diabetes Dizzy spells Heart condition Migraine
 Sleepwalking Travel sickness Fits of any type
 Other: _

Allergies

Please tick if you are allergic to any of the following:

- Penicillin Other Drugs:
 Foods:
 Other allergies:

What special care is recommended for these allergies?

Year of last tetanus immunisation or booster:

Medication

Are you taking any medicine(s)? Yes No

If yes, provide name of medication, dose, describe when/how it is to be taken.

Name of Medication	Dose and Frequency	How is it taken

Other Information that may be important in an emergency

Signature of Participant (named above)

Date