



Medical Information & Emergency Contact

ABN 55 670 450 108

PO Box 6234 O'Connor ACT 2602

<http://www.cccsc.au>

This information is to be carried in your pack at all times in a sealed plastic envelope and is for emergency use only.

It is responsibility of each member to update this information if there is a change in details. This information will be given to the relevant medical and/or emergency services personnel

Name:

Home Address:

Post Code

Telephone: Home

Mobile

Medical Information

Medical Condition:

Current Medications:

Allergies:

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

Medicare Number:

Private Health Insurance Fund (name):

Ambulance subscriber: Y/N

Emergency Contact

Name:

Home Address:

Post Code

Telephone: Home

Mobile

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 CCCSC (Canberra Cross Country Ski Club) activity.

The information will only be accessed by the tour leader or their delegate and given to the relevant medical and/or emergency services personnel

I give permission for CCCSC to give first aid to me should the need arise.

Signed:

Date:



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Details of injury/illness/problems:.....

.....

First aid given:.....

.....

Other actions taken to assist the person (e.g. to prevent hypothermia):.....

.....

Relevant Medical History (including allergies and medication):.....

.....

Observations

Time	Pulse (rate /rhythm /strength)	Respiration (rate /rhythm /depth /noises)	Skin (colour /temperature /condition)	Intake (type /amount)	Output (type /amount)	Comments (pain relief /medications /dressings /pressure area care /emotional state)