



# THE BUSH CLUB INC.

## Member Emergency Contact and Medical Information

You may leave blank anything you do not want to disclose.

Name .....

Address .....

Phone ..... Mobile .....

Medical Condition.....

.....

Allergies .....

Medication .....

.....

Vehicle Make ..... Model .....

Registration ..... Colour .....

I give permission for Bush Club members to drive my car in an emergency  
My insurance covers drivers from ( ) to ( ) years of age.

**Any other comments or conditions relevant to the information on this form?**

.....  
.....

**Medicare No.:** ..... **Private Health Fund and Number:** .....

### Emergency Contacts

Name .....Phone .....

Name .....Phone .....

Name .....Phone .....

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 Bush Club activity. The information will only be accessed by the walk leader or their delegate and given to the relevant medical and/or emergency services personnel.

Signed .....Date .....