

Sample Medical Information Form

Trip: _____ **Dates:** _____ **Venue:** _____
Name _____ Date of Birth _____ Address _____
City _____ P/code _____ Phone H _____ W _____
Email _____

Emergency Contact: (while on trip)

Name _____ Relationship _____ Ph _____
Alt Contact _____ Relationship _____ Ph _____

Medical Information

1. Are you covered by private medical insurance? Y/ N

Name of Fund _____

2. Are you covered by Ambulance subscription? Y/ N

3. Medicare Number _____

4. Do you have/ have you had asthma? Y/ N

Prevention _____ Severity _____ Treatment _____

5. Do you require Medication? Y/ N

Name of Medication _____

Reason _____ When is it taken _____

6. Do You have any Allergies? Y/ N

To What? _____ Reaction _____ Treatment _____

7. Have you has major surgery or illnesses? Y/ N

If so, when? _____ Details _____

8. Do you have any other medical conditions that may affect your participation in this activity? Y/ N

Details _____

9. Fitness Ability (please circle)

poor fair good excellent

Iunderstand the nature of the activity and the risks in the activity. These include and are not exclusive to drowning, broken limbs, twisted & damaged joints through falling or being fallen on, animal bites including snakes, injury through exposure to weather, burns & cuts through stove use & other possibilities.

I understand anything I do on this event is my own responsibility. I understand I will not be forced to do anything I do not wish to do.

Signature: _____

Date ____/____/____

**Bushwalking
Leadership**
South Australia

