

**Medical details:**

Doctor's name, phone	
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Medicare No.	Private health fund and number	Ambulance cover

**Year of last immunisation for:**

Tetanus	Hep A	Hep B				Blood group

Medical conditions	
Allergies food or medication	
Medications being carried or taken	

**Next of kin or contact person(s)**

Name		
Relationship		
Address		
Phone		

Carry this laminated page in your pack at all times in an easy-to-locate position, eg top zip of your pack.  
This information will only be accessed in an emergency.

**It is your responsibility to keep this information up-to-date.**

# Personal Emergency Information

Date	
Name	
Address	

For this information to fit into a 10 cm by 15 cm laminating pouch, all the personal information should be above the red line. Reducing the font size of your answers may help. Cut the page along the red line. Some trimming along the dotted line might be required.

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