



GERALDTON 4 W D CLUB Inc.

TRIP PARTICIPANT DETAIL



This form to be completed for each Participant see instructions below for additional details

Participant Name		Birth Date	
Address		Postcode.	
Phone Numbers	Home:	Mobile:	Work:
Contact Person Name (not on trip)		Relationship	
Address		Postcode.	
Phone Numbers	Home:	Mobile:	Work:

Doctor Name			
Address		Postcode.	
Phone Numbers			
Private Health Insurer		Member Number	
Medicare Number		Blood Type	
Ambulance Mbr?		Mbr Number	

Do You Want To Be Treated As A Private Patient? _____ **(Please write Yes or No)**
 If No, Private Health insurance details should not be passed to the authorities

Known Allergies and Treatment	
Known Medical Conditions	
Current Medication and Dosage	
Other information relevant to participant	

This personal information form should be placed in a sealed envelope with participants name on the front (one for each participant). All envelopes for vehicle participants to be carried in the glove box or centre console. Two (2) sealed copies should also be handed over to the Trip Leader. Envelopes should be returned to the participants after the trip for re-use on the next trip.

Participant or Guardian's Signature: _____ **Date:** _____