



PENINSULA TRAMPING CLUB EMERGENCY INFORMATION SHEET

NOTE – PTC strongly recommends that everybody carry a **clearly marked** first aid kit at all times.
Please carry this form in a plastic bag **inside your first aid kit** and keep it **up to date**.

NAME:

DATE:

ADDRESS:

PHONE:

.... MOBILE:

DOB:

BEST CONTACT

RELATIONSHIP

HOME PHONE

MOBILE WORK

SECOND CONTACT

RELATIONSHIP

HOME PHONE

MOBILE WORK

THIRD CONTACT

RELATIONSHIP

HOME PHONE MOBILE WORK.....

MEDICAL INFORMATION

ANY SERIOUS ALLERGIES?

DO YOU CARRY **CLEARLY MARKED** MEDICATION FOR THIS/THESE ALLERGIES? YES/NO

HOW SHOULD IT BE ADMINISTERED? (e.g. "two tablets immediately then one tablet every three hours")

OTHER MEDICAL CONDITIONS?

DO YOU CARRY **CLEARLY MARKED** MEDICATION FOR THIS/THESE CONDITIONS? YES/NO

HOW SHOULD IT BE ADMINISTERED?

NOTE – It is **strongly** recommended that you have your doctor or pharmacy print out a **full list** of all your prescribed medication and attach it to this form. This must be kept up to date at all times.

YOUR DOCTOR'S NAME(S) &/OR CLINIC AND PHONE NUMBERS