****

**EMERGENCY INFORMATION SHEET**

**Carry this form inside your first aid kit and keep it up to date\***

Name – first and last: ……………………………………………………………….....…….Date of Birth: ………………………………..

Address: ……………………………………………………………………………………………………………………………………………………..

……………………………………………………………………………………………Postal Code: …………………………………..

Home Ph: ……………………… Mobile Ph: ………..……………….……Email: ………………………………………………………………

|  |  |  |  |
| --- | --- | --- | --- |
| **EMERGENCY CONTACTS** | | | |
|  | **Best** | **Second** | **Third** |
| Name - first & last |  |  |  |
| Relationship |  |  |  |
| Best phone |  |  |  |
| Second phone |  |  |  |
| Third phone |  |  |  |

|  |
| --- |
| **MEDICAL INFORMATION**  Please list any physical or health matters that, in the safety interests of yourself and other trampers, you should make known – in case of emergency.  **Any serious allergies?:** …………………………………………………………………………………………………………………………..  Do you carry **clearly marked** medication for this/these allergies? **YES/NO**  How should it be administered: (eg. two tables immediately, then one table every three hours)  ……………………………………………………………………………………………………………………………………………………………….  ……………………………………………………………………………………………………………………………………………………………….  **Other medical conditions?**..........................................................................................................................  ……………………………………………………………………………………………………………………………………………………………….  ……………………………………………………………………………………………………………………………………………………………….  Do you carry **clearly marked** medication for this/these conditions? **YES/NO**  How should it be administered?  ……………………………………………………………………………………………………………………………………………………………….  ……………………………………………………………………………………………………………………………………………………………….  Your Doctor’s name(s) and phone numbers: ………………………………………………………………………………………….  ………………………………………………………………………………………………………………………………………………………………. |

**\*Updated on**: ………………..………….