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**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: ………………………………………………………………

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

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| **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**: ………………..………….