

# Privacy Statement

The information contained in this form is for emergency use only and will only be used if you are ill or injured whilst participating in a Murray Valley Bushwalkers Inc activity. The information is to kept by you and not given to the leader and will only be accessed by the leader or their delegate in an emergency and given to the relevant medical and/or emergency services personnel.

## Medical Information

Name:

Home Address:

Post Code:

Emergency Contact Telephone: Home

Mobile

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Medical Condition:

Current Medications:

Allergies:

Do you have current immunisation against Tetanus: Y/N

Blood type:

Medicare Number:

Private Health Insurance Fund (name):

Ambulance subscriber: Y/N

I give permission for Murray Valley Bushwalkers Inc to give first aid to me should the need arise.