

PERSONAL DETAILS Form *Page 1 of 2*

All the details below could become very important in the event of an accident or personal injury. Please fill in **three copies** of this form correctly and completely for every person on a trip. See notes at end for details of where they are used.

For use by members and Visitors

Your Full Name:				
Street Address:				
Suburb:			Postcode:	
Home Phone Number:			Date of Birth:	
Responsible Person to Notify if Required (do not list a person on the Club Trip)				
Relationship to You:				
Name:				
Street Address:				
Suburb/Town:			Postcode:	
Home Phone Number:			Mobile:	
Your Medical Doctor's Details				
Name:				
Street Address:				
Suburb/Town:			Postcode	
Phone Number(s):				
Your Key Medical Details				
Your Blood Type	Ambulance Membership Number	Medicare Number	Private Health Insurer	Private Health Membership Number
Do you want to be treated as a Private Patient?	YES / NO (Please circle)	If No , Private Health Insurance details will not be passed to the authorities.		

This form continues on the next page :-

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<i>Current Medications</i>	
<i>Known Allergies</i>	
<i>Other Comments</i>	
<i>Name</i> (please print)	
<i>Signature</i>	<i>Date</i>

Three personal information forms should be placed in separate sealed envelopes with the applicable person's name and appropriate vehicle's registration printed on the front.

One such envelope must be carried in the vehicle along with envelopes for each other person travelling in the vehicle. Please keep in the glove box or centre console.

Two sealed copies must be handed over to the Trip Leader at the start of the trip. These are carried by the first and last vehicle in the convoy in case the group gets split up. These 2 envelopes will be returned to the participants after the trip.