

# Wanderers Tramping Club

## PERSONAL INFORMATION TO BE USED IN EMERGENCIES – Page 1

NHI No. ....  
 Full name ..... Date of birth ...../...../.....  
 Address.....

### Emergency contacts

(1) Name ..... Relationship.....  
 Mobile..... Landline.....  
 (2) Name ..... Relationship.....  
 Mobile..... Landline.....

Health conditions and allergies which could cause an emergency .....

.....  
 .....

Medications carried for these emergencies (state which medication for which emergency)

.....  
 .....

How are these medications to be administered?

.....  
 .....

**Please fold this Personal Information form once and put it in a see-through waterproof plastic bag so both sides can be readily read. Keep the bag in a readily-accessible place in your pack, so your companions can find it easily if you are not capable of doing so as a result of the emergency. Also place any medications mentioned above in the same bag.**

## PERSONAL INFORMATION TO BE USED IN EMERGENCIES – Page 2

If I suffer an emergency which requires medical help, please give this form to the medical staff, together with a Health Emergency Record Sheet which will be completed by the tramp Leader. This information will help medical staff in diagnosing and treating my condition.

### Routine medication

In order for medical personnel to give me the most appropriate treatment in case of an emergency, I list below the routine medications I am taking, and also some medical/surgical history which may be important.

My GP is ..... Phone .....

Name of medication	Dose rate	Frequency
Items and dates of my medical or surgical history which may be important:		

### Allergies to medication

**I have/ don't have** any known allergies (please circle one so we know you have answered this question)

**Sticking Plaster:** I **am/am not** allergic to sticking plaster (please circle one)

**Medications** I am allergic to the following medications:

.....  
 .....  
 .....

Signed.....

Date...../...../.....