

Confidential Personal Medical Information

Information for the Team Leader in the event of an Emergency.

This form must be completed and given to the Team Leader in a sealed envelope. The envelope will be opened only in the case of an emergency to your personal welfare. Otherwise, the envelope will be returned to you at the end of the PPC in its original sealed condition. In your interest please share your medical information with the Team who will be able to be of assistance to you in the event of an emergency. Your privacy will be respected.

Name:

Address:

Phone:

Medicare Number:

* Private Health Care Provider:

* Private Health Care Number:

* Ambulance subscription no.

(* If applicable)

My doctor is: Name Phone No:

I have the following pre-existing medical condition(s):

Diabetes High Blood Pressure Arthritis

Heart Condition Asthma Epilepsy

Please list all other conditions:

.....I am allergic to penicillin: Yes/No

Other allergies:

I am currently taking the following medication(s): [Please list all medications - use another sheet of paper if required]

1. Dosage.....

2. Dosage.....

3. Dosage.....

4. Dosage.....

The Name of my next of kin:

Address of next of kin:

Phone number of next of kin:

Signature of PPC participant: