Parkdale Bowling and Social Club

Emergency Medical Profile

Confidential only to be used in medical emergencies

Personal details

Family Name:	Given Name:

Address:

Home Phone	Mobile Phone:

Emergency Contact:

Family Name:	Given Name:

Home Phone:	Mobile Phone:

Relationship:

Health Care Details:

Medicare Card Number	Ambulance Membership Number
	Covered for Ambulance as a Pensioner ☐

Current Medical History

Please detail any medical condition, current medications or allergies of which the club should be aware in the case of an accident or emergency:

I understand that this information will be kept in a private and confidential locked file and will only be used in the case of a medical accident or emergency.

I understand that this form will be photocopied and placed in a sealed envelope. The envelope will be given back to me to place in my bowling bag, so that it can be used in the case of an accident or medical emergency at another venue. It is my responsibility to let another team member know of the whereabouts of the form. I need to inform the team member of any medication I am carrying, that would need to be administered in a medical emergency.

Signature: **Date:**