



# Glen Waverley Anglican Church Walking Club Voluntary provision of Medical Information

To be updated whenever you consider the details to have changed  
(Each family member should fill out their own form)



## INFORMATION YOU CHOOSE TO PROVIDE US FOR EMERGENCY USE ONLY

GIVEN NAME: \_\_\_\_\_ SURNAME: \_\_\_\_\_

Person to contact in an emergency	
Telephone number of emergency contact	
Name of Family Doctor	
Doctor's Address	
Doctor's Contact Number	
Medicare number	
List any medical conditions suffered	
List any allergies suffered	
List any medication being taken. Who gives this medication?	
Provide details of any recent illness or injury for which you have recently been treated	

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent (If under 18 years of age): \_\_\_\_\_

Medical Officer: \_\_\_\_\_