**Sandhurst 4WD Club Bendigo**

**PERSONAL DETAILS FORM**

The details below are very important in the event of an accident or personal injury. Please fill in correctly and completely.

*This form is an editable ‘word document’ alternative to the standard Four Wheel Drive Victoria pdf form. You can add your details using a word processor and keep the file on your computer. If any details change you only need update those details and print new copies to sign and put in the envelopes.*

Name:

Address:

Phone Number/s:

Date of Birth:

Emergency contact person (not on trip):

Relationship to you:

Address:

Phone Number/s:

Doctor:

Address:

Phone Number/s:

|  |  |
| --- | --- |
| Medicare Number: xxx | Ambulance Number: xxx |
| Private Health Insurer: xxx | Private Health member number: xxx |
| Do you wish to be treated as a private patient? YES NO | *If NO, Private Health insurance details should not be passed to the authorities* |

Blood Type (if known):

Medication you are taking:

Known Allergies:

Any other information which may be useful in an emergency if you are non-responsive:

*This personal information form should be placed in a sealed envelope with your name on the front. The envelope should be carried in the vehicle along with envelopes* ***for each person travelling in the vehicle****. Please keep in the glove box or centre console. A sealed copy for each person should also be handed over to the Trip Leader. Envelopes should be returned to the participants after the trip for re-use on the next trip.*

**Signature: Date:**