

**South East Australian Naturalists' Association** No. A 0044963D ABN 23 918 778 150

PERSONAL RECORD FORM IN CASE OF ACCIDENT OR ILLNESS

This form should be filled in and carried by each person during the camp.

NAME: .....

ADDRESS: .....

TELEPHONE: .....MEDICARE NO: .....

FIELD NATURALISTS CLUB OR GROUP: .....

DOCTOR: ..... PHONE: .....

In Emergency Contact:

Name: ..... PHONE: .....

Name: ..... PHONE: .....

ALLERGIES: .....

PRE-EXISTING MEDICAL CONDITION: .....

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ANY SPECIFIC FIRST AID: .....

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