

**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 (including medications **not** to be given): .....

.....

PRE-EXISTING MEDICAL CONDITION: .....

.....

ANY SPECIFIC FIRST AID: .....

.....

**PTO**

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**PERSONAL RECORD FORM IN CASE OF ACCIDENT OR ILLNESS—Additional Details if available**

NAME: .....

BLOOD GROUP: .....

PRIVATE HEALTH INSURANCE COVERAGE OF AMBULANCE FEES? YES/NO

SEPARATE AMBULANCE MEMBERSHIP? YES/NO

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