

RCBC Medical form



All participants in the event are requested to fill out this form to assist in their care in case of emergency.

Except in an emergency, the forms will be kept in sealed envelopes in a secure place, and the information contained within remain confidential.

A copy of this form should be filled out for each boat captain and crew member/s. Forms should then be placed inside an envelope, sealed and the boat name and name/s of the relevant people written on the outside. Envelopes will be collected at the beginning of the event. The sealed envelopes will be returned at the end of the event.

Please complete the details on the form for each person.

CONFIDENTIAL MEDICAL INFORMATION

NAME	
ADDRESS	
HOME AND MOBILE PHONE	
DATE OF BIRTH	
MEDICAL ALERT? (eg bracelet)	
ALLERGIES	
DOCTOR / MEDICAL CLINIC PHONE NUMBER	
MEDICAL CONDITIONS	
MEDICATIONS CURRENTLY TAKEN <i>(Please attach further information if required)</i>	
MEDICARE NO	
Private Health Cover	YES/NO
AMBULANCE COVER	YES/NO
If yes, what States are covered?	SA / NSW / VIC / NATIONAL

IN CASE OF EMERGENCY PLEASE

CONTACT

NAME 1	
ADDRESS	
CONTACT PHONE NO	
RELATIONSHIP	

NAME 2	
ADDRESS	
CONTACT PHONE NO	
RELATIONSHIP	

SIGNATURE.....

DATE/..../.....