



## **RIVERLAND CRUISING BOAT CLUB**

P.O. BOX 1496,

**RENMARK, SOUTH AUSTRALIA 5341**

Email: [secretary@riverlandcruisingboatclub.org.au](mailto:secretary@riverlandcruisingboatclub.org.au)

Website: [www.riverlandcruisingboatclub.org.au](http://www.riverlandcruisingboatclub.org.au)

ABN:46 457 392 781

### **RCBC EVENT – MEDICAL FORM**

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

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

If required, the information will only be shared with the people involved in your care.

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 names/s of the relevant people written on the outside.

Envelopes will be collected at the beginning of the event by a member of the Organising/First Aid Committee.

The sealed envelopes will be returned at the end of the event.

Please complete the details on the form below for each person.

## CONFIDENTIAL MEDICAL INFORMATION

NAME:			
ADDRESS:			
CONTACT PHONE NUMBER:	Mobile:		
MEDICAL ALERT (IE: BRACELET)			
ALLERGIES:			
DOCTOR:			
MEDICAL CLINIC PHONE NUMBER:			
MEDICAL CONDITIONS:			
MEDICATIONS (CURRENT): <small>(Please attach further information if required)</small>			
MEDICARE NUMBER:			
PRIVATE HEALTH COVER	YES	NO	
AMBULANCE COVER	YES	NO	
IF YES, WHICH STATES ARE COVERED	SA / VIC / NSW / NATIONAL		

## IN CASE OF AN EMERGENCY – PLEASE CONTACT

NAME		
ADDRESS		
CONTACT PHONE NUMBER	Mobile:	Home:
RELATIONSHIP		

NAME	
ADDRESS	
CONTACT PHONE NUMBER	Mobile: Home:
RELATIONSHIP	

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_