



PERSONAL DETAILS FORM

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

NAME: _____

ADDRESS: _____

PHONE: _____ D.O.B _____

EMERGENCY CONTACT – PERSON NOT ON THE TRIP

NAME: _____

PHONE: _____ RELATIONSHIP: _____

MEDICAL DETAILS

ALLERGIES: _____

MEDICATION: _____

IMPORTANT MEDICAL HISTORY: _____

MEDICARE NO: _____ BLOOD TYPE (IF KNOWN): _____

AMBULANCE COVER: Yes / No / Priv Health AMBULANCE DETAILS _____

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 individual person travelling in your vehicle. Please keep in the glove box. Two (2) identical SEALED copies 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: _____

Werribee District 4WD Club Inc – PO Box 449, Werribee Vic

Registration Number:- A0012460U – ABN :- 14 817 796 214



www.werribee4wdclub.com