

EMERGENCY INFORMATION (COMPLETE IN BLOCK PRINT)

NAME _____ AGE _____

ADDRESS _____ TOWN _____

EMERGENCY CONTACT 1 NAME – _____

PHONE – HOME.....MOBILE.....

RELATIONSHIP TO YOU.....

EMERGENCY CONTACT 2

NAME.....PHONE.....

RELATIONSHIP TO YOU.....

MEDICAL INFORMATION – PLEASE CIRCLE CORRECT ANSWER

DO YOU SUFFER FROM EPILEPSY – YES/NO

HEART CONDITION – YES/NO

RESPIRATORY DISORDER – YES/NO

HEARING/VISION PROBLEMS – YES/NO

ALLERGIES EG PENICILLIN,ANTIBIOTICS – YES/NO

DIABETES – YES/NO

ANY OTHER MEDICAL CONDITION WHICH SHOULD BE DISCLOSED IN AN EMERGENCY

DOCTORS NAME.....TOWN.....

LIST ALL MEDICATIONS TAKEN.....

DO YOU HAVE AMBULANCE COVER YES/NO SUBSCRIPTION No

HEALTH INSURANCE? HOSPITAL COVER- YES/NO EXTRAS -YES/NO BOTH – YES/NO

TRAVEL INSURANCE – YES/NO POLICY No INSURER.....

POLICY No.....24HR CONTACT No.....

DISCLAIMER – I HAVE COMPLETED THIS FORM SO THAT IN CASE OF AN EMERGENCY THIS INFORMATION CAN BE GIVEN TO THE RELEVANT AUTHORITIES,ON MY BEHALF

SIGNED..... NAME.....DATE.....

PLEASE CARRY THIS FORM WITH YOU, IN YOUR PURSE OR WALLET AT ALL TIMES