



SUNCOAST SENIORS RECREATIONAL KAYAKING CLUB

The committee encourages all members to complete this Emergency Medical Information form and secure a copy in your vehicle or kayak. This form is solely for the purpose of providing health information to health professionals in the case of an emergency.

Please complete the form and place in the coloured envelope provided and secure it in the glove box of your vehicle and/or a dry bag in your kayak. This form will remain sealed unless an emergency arises. If you are not able to, your companion or trip coordinator will pass this information to a health professional in an emergency.

NAME AND CONTACT INFORMATION	
Your name	
Residential address	
Home landline number	
Mobile number	
NEXT OF KIN	
Name	
Home landline number	
Mobile number	
YOUR DOCTOR	
Name	
Surgery address	
Surgery telephone number	

Please turn over

MEDICAL INFORMATION	
Date of birth	
Blood type	
Are you allergic to penicillin?	
Any other known allergies	
Medication currently being taken. Please include name of drug together with the size and frequency of dosage. E.g. Aspirin 100mg daily at night	
Attach separately if necessary	
Current or recent medical conditions E.g. asthma, diabetes, hypertension	
Pension number	
Medicare number	
Name of private health insurance provider	
Private health insurance number	

Your signature

Date

Please turn over