

Print the form using waterproof ink - laser colour printer or copier - A4
 Complete using waterproof pen - ballpoint pen or spirit based marker
Trim to fit Glad Snaplock 180 x 180 bag and for key label

Include Patient Care form in the bag, folded and inside the Medical Details, two copies

9 Aug 10 23:39

**MEDICAL
 DETAILS
 INSIDE PACK**

MEDICAL DETAILS HAMILTON TRAMPING CLUB	
Full Name	Home Phone
Residential Address	
Next of Kin Name	Relationship
Next of Kin Address	Phone
Alternative Emergency Contact Name	Phone
Religion	Date of Birth
National Health Index number (if known)	
Doctor's Name	
Doctor's Contact Details	
Sign	Date

KNOWN MEDICAL CONDITIONS	
Examples; Diabetes, Bee stings, heart, Asthma, allergies (and any other)	
Condition, Allergies that may cause an emergency	Medication, and how it is taken
Routine Medication	Dose, frequency
Medical, Surgical history that may be relevant in an emergency	
Location of Medication (while tramping)	
Special Medical Instructions (if any)	