

MEDICAL DETAILS

HAMILTON TRAMPING CLUB

**Complete this form in ballpoint pen and place in snaplock bag in exterior pocket of pack.
Include a Patient Care form in the bag. Let the leader know if you have had any recent
medical incidents, operations etc**

Name	
Date of Birth	
Residential Address	
Home Phone	
Mobile	
Doctor's name and contact details	
Person to contact in case of emergency	
Contact's Address	
Contact's Phone Number	
Relationship	

KNOWN MEDICAL CONDITIONS

Conditions / allergies / injury that may cause an emergency eg : diabetes, bee stings, asthma, heart conditions etc	Medication (including dose & frequency)

Location of Medication while tramping	
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