



Wallis Spirit Dragons **Medical Form**

As part of our Duty of Care for ourselves and each other we need to create a Medical Register for our paddlers. The purpose of this Register is to ensure that should an accident or health issue occur either at practice or at regattas the correct health information can be provided to the appropriate Medical or Ambulance Personnel.

However, to ensure that all Medical Information is private and confidential we will keep each individual's details in a signed envelope. The envelope will be handed to Medical/Ambulance personnel only if, and when, required.

Please complete the following details and then put the form in an envelope with your name on the Front and your signature across the sealed flap on the back.

Remember, that if your Medical conditions/medications change at any time you should update your details and submit a new envelope and retrieve the existing envelope. Keep in mind this information will only be used in an emergency situation so it is in your best interest to make sure it is accurate, relevant and current.

Date form completed	
Full name	
Date of Birth	
Medicare No	No: Expiry date:
Private Health Details	Fund: Number:
Home address	
Home Phone	
Mobile Phone	
Work Address	
Next of Kin	Name: Relationship: Emergency Contact Number:

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GP	Name: Phone Number:
Specialists	Name (1): Phone Number: Name (2): Phone Number:
Allergies (list all)	
Medications being taken including dosage	
Pre-existing conditions or injuries	
Any other information that may be relevant in a medical emergency	

Return this completed form in a sealed envelope with your name on the front to the any WSD Committee Member