

Personal Information in Case of Emergency.

Name _____ Date of Birth _____

Address: _____

Emergency Contact: _____ Tel. No.: _____

Emergency Contact: _____ Tel. No.: _____

GP Name: _____ GP Tel. No.: _____

Pharmacist Name: _____ Pharmacist Tel. No.: _____

Allergies: Yes _____ / No _____

List of Allergies: _____

Respiratory History Yes _____ / No _____

Cardiac History Yes _____ / No _____

Diabetes Yes _____ / No _____

List of Medications:

(A printout can be obtained from your Pharmacist and attached to form)

Signature _____ Completion Date _____

Please place the completed form in your rucksack, it may help emergency services save your life in the case of an accident or medical emergency. (In a waterproof container)