



PO Box 310 MACLEAN 2463

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SEALED EMERGENCY INFORMATION ENVELOPE TO BE GIVEN TO GROUP LEADER/FUNCTION ORGANIZER FOR ALL BUS TRIPS/OUTINGS
ARRANGED BY CRU3A.

To be handed to paramedics in case of accident/emergency

Name

Medicare No.

Address

Next of Kin Name

Phone Nos.

If the above person cannot or should not be contacted, is there anyone else we should call? This is optional.

(Optional) Name

Phone Nos.

Name of GP

Phone No.

Allergies

Medications

Existing medical conditions eg Asthma, Diabetes, Heart etc

Medical devices/ prosthesis eg Pacemaker, Spinal surgery/ Total Hip/ Knee Replacement, Dental bridges/ dentures, Hearing aids.

Private Health Fund Details – if applicable