



Clarence River U3A Inc

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 _____

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