

## EMERGENCY INFORMATION

(Private and Confidential)

Please complete, sign and put this form in an envelope, inside a zip lock plastic bag and carried in your pack at all times.

Name	D.O.B.
Address	
Telephone:	Blood Group
Medical Conditions / Allergies	
Medication Taken / Carried	

### Next of kin or persons authorized to legally act on your behalf in an emergency

Name	Relationship	Contact Number

Before participating in a club bike ride / activity I have advised the leader in private about any personal health care situations that could arise or be necessary to address during the bike ride / activity and of any medication carried for such conditions.

The above information is private and confidential and shall only be used in an emergency.

Signed	Date
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