

**Medical information form (for emergency use only)**  
**CRCA Women's Convention Sunshine Coast 29.05.2020 – 01.06.2020**

Name (Mrs/Ms/Miss)			
Address			
Phone		Mobile	
Doctor		Phone	
Medicare Number		Private Health Cover (Yes//No)	
Emergency Contact			
Allergies			
Other medical problems			
Regular prescribed medicine			
Medication I have with me			

I give permission for this information to be accessed and given to medical personnel in case of emergency. I acknowledge that I am responsible for the care and custody of this information and understand that no record of this information will be kept or passed on by the CRCA Convention Committee.

Signed .....Date .....

**To save and email this Medical Information Form, please click on “File” then “Save As” on desktop as “Medical Form 2020”. Then click on “Save” and lastly email the file as an attachment to Wendy at [wendyjoyvowles@gmail.com](mailto:wendyjoyvowles@gmail.com)**

**PLEASE COMPLETE AND KEEP THIS FORM ON THE INSIDE LID OF YOUR PERSONAL LUGGAGE**