

### FOR TOUR GUESTS - PERSONAL DETAILS FORM

### **GUEST DETAILS**

Name:	Date of Birth:
Address:	

## **ACTIVITY DETAILS**

Tour:	Travel Dates:
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## **HEALTH DETAILS**

Does the participant suffer from any of the following: Asthma	Give details of any known allergies such as food, insect bites or medication:			
Diabetes				
Epilepsy	Does the participant have any disability or chronic illness or need any			
Sleep Walking	special health care? YES NO			
Fainting				
Hay Fever	If YES, please attach details and a management plan if applicable.			
Nose Bleeds				
Severe Allergies	If swimming or boating is listed as an activity, please indicate the participants' ability:			
	WEAK / AVERAGE / STRONG			
Is the participant taking ANY medication at present? YES NO				
ALL medication must be in original packaging with original pharmacy or suppliers label and clearly labelled with name of participant, type of medication and dosage. The first aider will supervise the administration of all medication including paracetamol.				
Any further information the first aider should know (all Overland Oz guides and vehicles hold				
Senior First Aid Certificates and carry First Aid kits and equipment):				
Date of participant's last	tetanus immunisation: / /			

Paracetamol will not be administered unless provided to the First Aider in its original packaging and is clearly labelled.

# MEDICAL INFORMATION

Medicare Number:		Address registered for Medicare:		
Card Expiry: / Application's Reference				
Number:				
Ambulance cover:	Name of fund/ number:			
YES NO				
Private health cover:	Name of fund/ number: ( )			
YES NO				
Emergency contact details during the tour:				
Name:				
Relationship with tour guest:				
Phone Number:				
Mobile Phone Number:				

I have read and understand the tour itinerary, the inclusions, the activities and potential risks that I / the participant (if under 18) will be undertaking. To the best of my knowledge I am / the participant is fit to participate and has permission to take part in all activities except for

I authorise the Overland Oz Tour Leader to obtain first aid, medical, ambulance, dental assistance or treatment, including any anaesthetic or blood transfusion, for my daughter in the event of any illness or accident. *Note*: All reasonable attempts to make contact with the nominated 'emergency contact' will be made. I consent to the release of the health information on this form to any person who provides medical treatment and care to the applicant whilst participating in this event.

I agree to pay for all expenses incurred in obtaining such medical aid and to reimburse the organisation for any expenses incurred. I have completed this form and to the best of my knowledge the information is correct.

Participant / Parents or Guardians (if under 18) Name	Phone (BH):	
Address:		Phone (AH):
State:	Postcode:	Mobile:
Signature:		Date: