

Medical Disclosure Form

Qld Winter School 2024

Please place completed form in a sealed envelope with your name on the front, hand in to Winter School Committee at check-in on arrival.

Envelope will only be opened in a medical emergency. Envelopes will be shredded at the end of the week if not reclaimed.

Name		D of B	
Address			
		Phone	

Emergency Contact

Contact Name	Relationship	Phone number
1		
2		

Medical Details

GP Name	Medical Practice Name	Phone

Medicare Number	
Blood Group	

Private Medical Insurance Co	
Customer Number	

Travel Insurance Co	
Customer Number	

Medical Conditions - Please list any important medical conditions or information that may be relevant in the event of a medical emergency.

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Medications	Allergies