



FIRST AID / EMERGENCY RESPONSE DETAILS

Please fill in the relevant details, cover in clear plastic and tape to the inside door or in the sink cupboard of your Motor Caravan.

Name: Member #:

Nickname: Phone:

Address: Date of Birth:

..... Religion:

.....

Doctor: Doctor's Phone #:

Where is your medication kept?

What medication do you take?

.....

.....

Any Allergies:

Known health conditions, ie; diabetes etc:

.....

Next of kin or friends who can be contacted:

Name: Phone:

Address: A/H Phone:

Any other relevant details you may think are important e.g. National Health Index Number (NHI):

.....

.....

Time	Pulse	Response	BP	Consciousness
				Alert Not alert
				Alert Not alert
				Alert Not alert
				Alert Not alert
				Alert Not alert