

Medical Statement & Information Form

Surname: _____ Given Name(s): _____
Address: _____
Phone (AH): _____ (BH): _____
Mobile: _____ E-mail: _____
D.O.B: _____ Male / Female Religion (optional): _____
Medicare No.: _____ Health Fund: _____
Ambulance Member Yes / No If Yes - Number: _____
Name of Doctor: _____ Contact Phone No.: _____
Address: _____
Emergency Contact: _____ Relationship: _____
Address: _____
Contact Phone No.: _____

Health Statement

*“If you suffer from any chronic ailment, allergy or physical problem,
it **must** be disclosed for your own welfare”*

Details of physical problems or disabilities _____

Details of any allergies to foods, medicines, insects or other: _____

Do you regularly carry or use medication for any reason? Yes / No – Details: _____

Any other Medical, Dietary or general concerns' guides should know about?: _____

Medical Authority

In the event of any accident or illness I authorise any officer, servant or agent of *Paul Weller Adventures* to obtain on my behalf at my expense such urgent medical assistance, treatment and nursing, hospital and ambulance service as may be considered appropriate by the officers, servants or agents of *Paul Weller Adventures* and should it be advised by a duly qualified medical practitioner that it is necessary to authorise a general anaesthetic. This clause also includes any dental treatment urgently required. I further agree to pay on demand by the organisation all such medical, hospital and other fees and expenses incurred or to be incurred by *Paul Weller Adventures* in such circumstances other than such fees and expenses recoverable under the policy of insurance taken out by the organisation. I acknowledge I have read the above provisions prior to signing thereof:

Date: _____ Signature: _____

Paul Weller Adventures ~ ABN: 45 285 395 297
49 Old Warburton Highway Seville East 3139, Victoria Australia
Phone: 03) 59 647 210 ~ weller@acepia.net.au ~ Fax: 03) 59 615 910

Please turn over, complete and sign